Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

			OMB Approval No. 0348-0043
APPLICATION FOR	2 DATE SUBMITTED	Applican	Identifier
FEDERAL ASSISTANCE	07/15/2003		Q-01-Y-0150
1. TYPE OF SUBMISSION: Application Preapplication	3. DATE RECEIVED BY STATE		plication identifier
Construction	4. DATE RECEIVED BY FEDERA		dentifler 600Z1032
Non-Construction Non-Construction			
5. APPLICANT INFORMATION Legal Name: The New America Foundation	G E V Gran	zalional Unit:	
	1 11	11 1 1	f the person to be contacted on matters involving this
Address (give city, county, state, and zip code): 2974 Adeline Street Berkeley, CA 94703	JUL 1 5 2003 Sylvi (510	a Rosales-Fike) 540-7785 x303	
The second secon			ter appropriate letter in box)
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	-101		[14]
	A	State	H. Independent School Dist. j. State Controlled Institution of Higher Learning
8. TYPE OF APPLICATION: New Continua	tion Revision C.	County Municipal	J. Private University
	D.	Township	K. Indian Tribe
If Revision, enter appropriate letter(s) in box(es):	E. F.	Interstate Intermunicipal	L. Individual M. Profit Organization
A, Increase Award B, Decrease Award	C. Increase Duration G.	Special District	N. Other (Specify): non-profit organization
D. Decrease Duration Other (specify):	9. NAM	AE OF FEDERAL AGE	ICY:
	U.S.	Small Business A	dministration
10. CATALOG OF FEDERAL DOMESTIC			APPLICANT'S PROJECT:
	9 - 0 4 9 Asse	its 2000 Virtual Bi	siness Incubator
	Trai	ning & Technical	Assistance Components)
T⊓L€: Microenterprise PRIME			
12. AREAS AFFECTED BY PROJECT (cities, counties, s	tates, etc.):		
San Francisco, Contra Costa, and Alamed	a Counties		
13. PROPOSED PROJECT: 14. CONGRE	SSIONAL DISTRICTS OF:		
Start Date Ending Date a. Applicar	t	ь. Р	roject
09/30/2003 09/29/2004 9		<u> </u>	, 10, & 13
15, ESTIMATED FUNDING:			STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal S 85	8, YES, THIS PRE ORDER 12372 F	APPLICATION/APPLICA PROCESS FOR REVIEV	ITION WAS MADE AVAILABLE TO THE STATE EXECUTIVE VON:
b. Applicant S	.00 DATE <u>07/15/</u>	2003	
c. State S	.00 b. NO PROG	RAM IS NOT COVERED	9 BY E.O. 12372
d. Local S	.00		N SELECTED STATE FOR REVIEW
e. Other S 4	2,500.00		
f. Program Income S	.00 17. IS APPLICATION D	ELINQUENT ON ANY I	EDERAL DEBY?
g. TOTAL S 12	7,500.00		—
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, AL	L DATA IN THIS APPLICATION/PRE/	APPLICATION ARE TRU COMPLY WITH THE ATT	IE AND CORRECT, THE DOCUMENT HAS BEEN DULY ACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
a. Typed Name of Authorized Representative	b. Ti		c. Telephone number
Sylvia Rosales-Fike	Pres	sident & CEO	(510) 540-7785
d. Signature of Authorized Representative			e. Date Signed
Al donles -	Sule)		7//0/03 Standard Form 424 (Rev. 7-97
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	OMB Approval No. 0348-0043			
APPLICATION FOR FEE	DERAL ASSISTANCE	2. Date Submitted		Applicant Identifier
	application E G E W	3 Date Recd by State		State Application Identifier
ConstructionX Nonconstruction	Construction Nonconstruction III 15	Date Recd by Federal		Federal Identifier
Applicant Information:		Organizational Unit:		
Legal Name and Address:	OTATE OLEADING	Office of Statewide Initiativ		
(give city, county, state, and zip	urces Control Board	Name and telephone of pers		
1001 I Street, Sac		involving this application (g Jeff Barnickol	give area code	e):
Sacramento, Calin	•	(916) 341-5270		
6. Employer Identification Nur	nher (EIN):	7. Type of Applicant: (ente	r appropriate	letton) A
680281986	(2117).			lent School District
				tute of Higher Learning
8. Type of Application:			J. Private Ur	
	Continuation	D. Township	K. Indian Tr	ribe
If Revision, enter appropriate le		1	L. Individu-	
I	B. Decrease Award		M. Profit Or	
Other (specify)	D. Decrease Duration	G. Special District	N. Other (sp	pecify)
		9. Name of Federal Agency		
 Catalog of Federal Domesti 66.608 	c Assistance Number	U. S. Environ	mental Protec	ction Agency
Title: State Information	Grants	11. Descriptive Title of App	olicant's Proje	ect:
		Electronic Self-Monitoring	System and P	PCS data unload
12. Area Affected by Project:		development. NEIEN is to a		
(cities, counties, states, etc.)		levels of government to acco		
California				
13. Proposed Project:		***		
Start Date 7/1/03	End Date	14. Congressional District of		
//1/05	9/30/05		Project:	. 11
15. ESTIMATED FUNDING:		16. Is the application subject	California - A	
		Executive Order (EO) 12373	nrocess?	y the State
a. Federal "In-Kind"	\$1,200,000	a YES: X_ This as	process. oplication/pre	eapplication was made
b. Applicant	\$0			2372 process for
c. State	\$0	review on:		•
d. Local	\$0		Date.	July 15, 2003
e. Other				ered by EO # 12372
f. Program Income	\$0		m has not been review.	en selected by the
g. TOTAL	\$1,200,000	17. Is the applicant delinque		deral debt?
		YES, attach explanat		XNO
18. TO THE BEST OF MY KN	OWLEDGE AND BEL'EF, ALL DA	TA IN THIS APPLICATION	N/PREAPPI	ICATION ARE
TRUE AND CORRECT, THE I	OCUMENT HAS BEEN DULY AU	THORIZED BY THE GOV	ERNING BO	ARD OF THE
APPLICANT, AND THE APPL IS AWARDED.	ICANT WILL COMPLY WITH THE	E ATTACHED ASSURANC	ES IF THE A	ASSISTANCE
a. Typed Name of Authorized R	Lepresentative	b. Title:		c. Telephone Number
Celeste Cantú	,	Executive Dire	1	(916) 341-5615
d. Signature of Authorized Repr	resentativo	**TITALENBERGEREEREEREEREEREEREEREEREEREEREEREEREE		e. Date Signed:
		Mari		
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FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier
	NCE	7/15/03		
1 .TYPE OF SUBMISSION:		3. DATE RECEIVED BY STAT	E	State Application Identifier
	eapplication 			
Construction	Construction	A DATE RECEIVED BY FEDE	RAL AGENCY	Foderal Identifier
Non-Construction	Non-Construction		****	
5. APPLICANT INFORM			12	7511 0751 570.5
Legal Name: CITY OF T Address (give city, county, state			Organization	al Unit: TEH, CITY -105 Appliane number of person to be contacted on mathems involving
115 SOUTH CURRY S TEHACHAPI, CA. 9356	TREET			an (Bive area code)
			TIMO	OTHY B. McLAUGHLIN (661) 822-2230
8. EMPLOYER DENTIFICATION	(EIN):			APPLICANT: (enter appropriate letter in box)
9 5 . 6 0	0 0 8	0 1	A. State	H. Independent School Dist.
B. TYPE OF APPLICATION:			B. County C. Municipa	a) J. Private University
	law [cant	nuation Revision	D. Townsh	Re à Indiadoral
	4	TE GE I V	G. Special	oldinei M. Profit Organization District N. Other (Specify)
If Revision, enter appropriate tel	in (a) In			
A incresse Award	Decrease Award	Increase Duration		
1	ther (specify):	Increase Purayon 5 200		
			9. NAME OF	EDERAL AGENCY:
		TTP OF PARISO		
	31	ALE GLEARING	HOUSES	DA COMMUNITY FACILITIES
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	NUMBER:	11. DESCRIP	TIVE TITLE OF APPLICANTS PROJECT:
	4 6		ENG	SINE HOUSE FOR FIRE STATION
TITLE LICEA DUA	1 (LIVE	SINE HOUSE FOR PINE STATION
111LE: USDA RUA 12 AREAS AFFECTED BY PRO	L DEVELOPME	Startus atc.)		
	The state of the s			
City of tehach	api, Kern Cou	inty		
13. PROPOSED PROJE	CT 14. CONGRE	SSIONAL DISTRICTS	F: 27	
Start Date Ending Date	a. Applicant		b. Proje	act
10/1/03 1/1/04	City of T	ehachapi		ENGINE HOUSE
15.	ESTIMATED FUN	NDING		PPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE DER 12172 PROCESS7
a. Federal	\$	70,936	: 00	YES. THIS PREAPPLICATION/APPLICATION WAS MADE
				AVAILABLE TO THE STATE EXECUTIVE ORDER
b. Applicant	\$	10,000	0.00	12372 PROCESS FOR REVIEW ON:
c. State	s			
v. Julio	1			DATE 7/15/03
d Local	\$			
			D. 1	NO PROGRAM IS NOT COVERED BY E.O. 12372
e. Other	\$	20,000	.00	OR PROGRAM HAS NOT BEEN SELECTED BY
				STATE FOR REVIEW
f. Program Income	\$		17. IS T	HE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. Total	~	400.000		YES (Attach explanation) NO
g. rotal	\$	100,936	.00	
I CURREUI, I ME DULUIY	ENI MAS BEEN	INTERNALIMENTAL P	2 776 60	APPLICATION/PREAPPLICATION ARE TRUE AND VERNING BODY OF THE APPLICANT AND THE SSISTANCE IS AWARDED.
e.Type Name of Authorized Repri		b. Title		c. Telephone Mumber
TIMOTHY B.	McLAUGHLI	N FIRE	CHIEF	(661) 822-2230
d Signature of Authorized Repres	No distance	1		a. Data Signed
Previous Edition Usable AUTHORIZED FOR LOCAL REPROI	DUCTION			STANDARD FORM 424 (REV. 4-92)
The same of the same same same same same same same sam		•		Prescribed by OMB Circular A-102

APPLICATION FO	R			OMP Appr	arathi ma sa
FEDERAL ASSIST	TANCE	2. DATE SUBMITT	ED	Applicant Identifier	oval No. 0348-
	,	Ju1y 12	2003	1	
1. TYPE OF SUBMISSION:		3. DATE RECEIVE		State Apollogical Ideals	
Application	Preapplication			State Application Identifier	
Construction	Construction	4. DATE RECEIVE	D BY FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction			, sastar ractifully	
S. APPLICANT INFORMATIO	ON				
Legal Name: Think First Nat'	1. Injury Prevent	ion Foundation	Omanizational Unit:	N/A	
Address (give city, county, St.					
5550 Meadowbrook		, 6 6 1 7 6	- I liverlie and relebuone	number of person to be contacted o	n matters invo
Rolling Meadows,	11-21			rea code)	
NOLLING HEADOWS,		!!! 1 4 2003	Dorothy Zir	rkle	
EMPLOYER IDENTIFICAT	ION NUMBER (EW)	1 4 2003	(858) 780-9		
3 6 - 3 7 8	0822		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	,
		E OLEADING U	1115 A. State	H. Independent School Dist.	N
TYPE OF APPLICATION:	STAI	E ULEARING A	B. County	State Controlled Institution of High	
x N	ew Continuation	Revision	C. Municipal	J. Private University	iner Learning
			D. Township	K. Indian Tribe	
Revision, enter appropriate le	etter(a) in box(as)		E Interstate	C. Individual	
A. Increase Award B. D.	ecrease Award C. Increa		F. intermunicipal	M. Profit Organization	
	ecrease Award C. Increa	ase Duration	G. Special District	N. Other (Specify) Non-prof	it
	nispectiy),		O MARIE A		
			9. NAME OF FEDERA		
				ent of Transportation	
. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	411110000		ay Traffic Safety Adr	ministrat
· · · · · · · · · · · · · · · · · · ·	DOMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
		2 0 - 6 0 0	N	**	
			Boost 'em	Up: A Booster Seat De	emonstrti
	Community Highwa	y Safety	Program	Up: A Booster Seat De	emonstrti
. AREAS AFFECTED BY PF	OJECT (Cities, Counties, Si	y Safety	Program	up: A Booster Seat De	emonstrti
CA - San Diego Co	OUNTY; DE - Wilmi	y Safety tates, etc.): ington & Milfor	Program	up: A Booster Seat De	emonstrti
. AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago are	ROJECT <i>(Cities, Counties, St</i> Ounty; DE - Wilmi a; SC - Charlesto	y Safety Males etc.): ngton & Milfor on area	Program	up: A Booster Seat De	emonstrti
CA - San Diego Co IL - Chicago are	OUNTY; DE - Wilmi	y Safety Males etc.): ngton & Milfor on area	Program	Up: A Booster Seat De	emonstrti
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area. PROPOSED PROJECT	OUNTY; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL D	y Safety Males etc.): ngton & Milfor on area	Program d;		
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area. PROPOSED PROJECT	ROJECT <i>(Cities, Counties, St</i> Ounty; DE - Wilmi a; SC - Charlesto	y Safety Males etc.): ngton & Milfor on area	Program d;	nd; DE - At Large; II	
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT IN Date 9/15/03 Engling Date 9/15/03 9/14/06	OUNTY; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL D	y Safety Males etc.): ngton & Milfor on area	b. Project (A - 52	nd; DE - At Large; II	4th &
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT Art Date 9/15/03 Ending Date 9/14/06	OUNTY; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL D	y Safety Males etc.): ngton & Milfor on area	b. Project (A = 52) 6th SC - 1s 16. IS APPLICATION S	nd; DE - At Large; II t UBJECT TO REVIEW BY STATE I	4th &
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AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT art Date 9/15/03 Engling Pate 9/15/06 ESTIMATED FUNDING:	OUNTY; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL D	ny Safety Makes, etc.): ngton & Milfor on area ISTRICTS OF:	b. Project (A = 52) 6th SC - 1s 16. IS APPLICATION S ORDER 12372 PRO	nd; DE - At Large; II t UBJECT TO REVIEW BY STATE I CESS?	4th &
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT AT Date 9/15/03 Ending Pate 9/15/06 ESTIMATED FUNDING:	ACJECT (Cities, Counties, St. ounty; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL D a. Applicant LL - 6th	ny Safety Makes, etc.): ngton & Milfor on area ISTRICTS OF:	b. Project (A = 52) 6th SC - 1s 16. IS APPLICATION S ORDER 12372 PRO	nd; DE - At Large; II L UBJECT TO REVIEW BY STATE I DCESS? PLICATION/APPLICATION WAS M	4th &
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT art Date 9/15/03 Ending Date 9/16/06 ESTIMATED FUNDING: Federal	ACJECT (Cities, Counties, St. ounty; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL DE A. Applicant L - 6th	ny Safety Intes. etc.): Ington & Milfor on area ISTRICTS OF:	b. Project (A - 52 6th; SC - 1s 16. IS APPLICATION S ORDER 12372 PRO THIS FREAP AVE LABLE	nd; DE - At Large; II L UBJECT TO REVIEW BY STATE P CESS? PLICATION/APPLICATION WAS NOTHE STATE EXECUTIVE ORDE	4th &
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT art Date 9/15/03 Ending Date 9/16/06 ESTIMATED FUNDING: Federal	ACJECT (Cities, Counties, St. ounty; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL D a. Applicant L - 6th \$ 296,291 \$ 4,875	ny Safety Intes. etc.): Ington & Milfor on area ISTRICTS OF:	b. Project (A - 52 6th; SC - 1s 16. IS APPLICATION S ORDER 12372 PRO THIS FREAP AVE LABLE	nd; DE - At Large; II L UBJECT TO REVIEW BY STATE I DCESS? PLICATION/APPLICATION WAS M	4th &
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT art Date 9/15/03 Ending Date 9/15/06 ESTIMATED FUNDING: Federal Applicant	SOJECT (Chies, Counties, St. Ounty; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL DE a. Applicant L - 6th \$ 296,291 \$ 4,875 \$ 7,025	ny Safety nates etc.): ngton & Milfor on area ISTRICTS OF:	b. Project (A - 52 6th; SC - 1s 16. IS APPLICATION S ORDER 12372 PRO 6. YES THIS FREAP AVAILABLE PROCESS FO	nd; DE - At Large; II L UBJECT TO REVIEW BY STATE P PCESS? PLICATION/APPLICATION WAS NOTHE STATE EXECUTIVE ORDER CR REVIEW ON:	4th &
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT art Date 9/15/03 Ending Date 9/15/06 ESTIMATED FUNDING: Federal Applicant	SOJECT (Chies, Counties, St. ounty; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL D a. Applicant	ny Safety nates etc.): ngton & Milfor on area ISTRICTS OF:	b. Project (A - 52 6th; SC - 1s 16. IS APPLICATION S ORDER 12372 PRO THIS FREAP AVE LABLE	nd; DE - At Large; II L UBJECT TO REVIEW BY STATE P PCESS? PLICATION/APPLICATION WAS NOTHE STATE EXECUTIVE ORDER CR REVIEW ON:	4th &
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT Art Data 9/15/03 Ending Date 9/15/06 ESTIMATED FUNDING: Federal Applicant State	SOJECT (Chies, Counties, St. Ounty; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL DE A. Applicant TL - 6th \$ 296,291 \$ 4,875 \$ 7,025 \$	ngton & Milfor on area ISTRICTS OF:	b. Project (A - 52) 6th; SC - 1s 16. IS APPLICATION S ORDER 12372 PRO a. YES THIS FREAP AVAILABLE PROCESS FO	nd; DE - At Large; II t UBJECT TO REVIEW BY STATE I PCESS? PLICATION/APPLICATION WAS MOTHE STATE EXECUTIVE ORDER CR REVIEW ON: 2/03	-4th & EXECUTIVE MADE ER 12372
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT Art Data 9/15/03 Ending Date 9/15/03 9/14/06 ESTIMATED FUNDING: Federal Applicant State	SOJECT (Cities, Counties, St. ounty; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL D a. Applicant L - 6th \$ 296,291 \$ 4,875 \$ 7,025 \$ 0	ngton & Milfor on area ISTRICTS OF:	b. Project (A = 52) 6th; SC = 1s 16. IS APPLICATION S ORDER 12372 PRO 6. YES THIS FREAP AVAILABLE PROCESS FO	nd; DE - At Large; II t UBJECT TO REVIEW BY STATE I DCESS? PLICATION/APPLICATION WAS MED THE STATE EXECUTIVE ORDER COR REVIEW ON: 2/03	-4th & EXECUTIVE MADE ER 12372
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago are. PROPOSED PROJECT art Date 9/15/03 Ending Date 9/14/06 ESTIMATED FUNDING: Federal Applicant State Local	SOJECT (Cities, Counties, St. Ounty; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL D a. Applicant L - 6th \$ 296,291 \$ 4,875 \$ 7,025 \$ 0 \$ 66,020	ngton & Milfor on area ISTRICTS OF:	b. Project (A = 52) 6th; SC = 1s 16. IS APPLICATION S ORDER 12372 PRO 6. YES THIS FREAP AVAILABLE PROCESS FO	nd; DE - At Large; II L UBJECT TO REVIEW BY STATE I DCESS? PLICATION/APPLICATION WAS M TO THE STATE EXECUTIVE ORDER TO REVIEW ON: 2/03 IS NOT COVERED BY E. O. 1237. IAM HAS NOT BEEN SELECTED E	-4th & EXECUTIVE MADE ER 12372
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago are. PROPOSED PROJECT art Date 9/15/03 Ending Date 9/14/06 ESTIMATED FUNDING: Federal Applicant State Local	SOJECT (Cities, Counties, St. Ounty; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL D a. Applicant L - 6th \$ 296,291 \$ 4,875 \$ 7,025 \$ 0 \$ 66,020 \$	ngton & Milfor on area ISTRICTS OF:	b. Project (A = 52) 6th SC - 1s 16. IS APPLICATIONS ORDER 12372 PRO a. YEO THIS FIXEAP AVAILABLE PROCESS FO DATE 7/1 b. No. T PROGRAM D OR PROGRAM	nd; DE - At Large; II L UBJECT TO REVIEW BY STATE I DCESS? PLICATION/APPLICATION WAS M TO THE STATE EXECUTIVE ORDER TO REVIEW ON: 2/03 IS NOT COVERED BY E. O. 1237. IAM HAS NOT BEEN SELECTED E	-4th & EXECUTIVE MADE ER 12372
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT ART Date 9/15/03 Ending Date 9/16/06 ESTIMATED FUNDING: Federal Applicant State Occal Other	SOJECT (Chies, Countes, Stounty; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL D a. Applicant L - 6th \$ 296,291 \$ 4,875 \$ 7,025 \$ 0 \$ 66,020 \$ 0	ngton & Milfor on area ISTRICTS OF:	b. Project CA = 52 6th SC = 1s 16. IS APPLICATION S ORDER 12372 PRO a. YES THIS FREAP AVA LABLE PROCESS FO DATE 7/1 b. No. T PROGRAM COR PROGRAM FOR REVIS	nd; DE - At Large; II L UBJECT TO REVIEW BY STATE I DCESS? PLICATION/APPLICATION WAS M TO THE STATE EXECUTIVE ORDER CR REVIEW ON: 2/03 US NOT COVERED BY E. O. 1237. IAM HAS NOT BEEN SELECTED E	ADE 12372
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT Art Date 9/15/03 Ending Date 9/15/03 Federal Applicant State Occal Other Togram Income	SOJECT (Cities, Counties, St. Ounty; DE - Wilmia; SC - Charlesto 14. CONGRESSIONAL DE A. Applicant L - 6th \$ 296,291 \$ 4,875 \$ 7,025 \$ 0 \$ 66,020 \$ 0	ngton & Milfor on area ISTRICTS OF:	b. Project (A - 52 6th; SC - 1s 16. IS APPLICATION S ORDER 12372 PRO a. VEO THIS PREAP AVA LABLE PROCESS FO DATE 7/1 b. No. I PROGRAM (I) OR	nd; DE - At Large; II L UBJECT TO REVIEW BY STATE I DCESS? PLICATION/APPLICATION WAS M TO THE STATE EXECUTIVE ORDER CR REVIEW ON: 2/03 IS NOT COVERED BY E. O. 1237. IAM HAS NOT BEEN SELECTED E W DELINQUENT ON ANY FEDERAL	ADE ER 12372 DEBT?
AREAS AFFECTED BY PF CA - San Diego Co IL - Chicago area PROPOSED PROJECT art Date 9/15/03 Ending Date 9/14/06 ESTIMATED FUNDING: Federal Applicant State Occal Other Togram Income	**SC - Charlesto 14. CONGRESSIONAL D a. Applicant L - 6th \$ 296,291 \$ 4,875 \$ 7,025 \$ 0 \$ 66,020 \$ 374,211	ngton & Milfor on area ISTRICTS OF:	b. Project (A = 52) 6th SC = 1s 16. IS APPLICATION S ORDER 12372 PRO a. YES THIS PREAP AVA LABLE PROCESS FOR PROGRAM DOR PROGRAM FOR REVIS 17. IS THE APPLICANT Yes If "Yes," att	nd; DE - At Large; II t UBJECT TO REVIEW BY STATE I DEESS? PLICATION/APPLICATION WAS MEDITED STATE EXECUTIVE ORDER OF REVIEW ON: 2/03 IIS NOT COVERED BY E. O. 1237 IAM HAS NOT BEEN SELECTED EN W DELINQUENT ON ANY FEDERAL BACK OR EXPLANATION.	ADE ER 12372 DEBT?
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Construction No. Construction No. Construction No. A DATE RECEIVED BY PROBERLA AGENCY Federal isonifier No. APPELCANT PROPRIATION Logal Name: Upland Police Department Address (gave ety courty, sinc, and a) codo 1499 West 13th Street Upland, CA 91786 Phone: (909) 931-4303 7. TYPE OF APPLICANT: (enter appropriate letter in boad Co. 8. EMPLOYER DESTRICTATION Whater Risk): 956000805 8. TYPE OF APPLICANT: (enter appropriate letter in boad Co. 8. County 1. Solds H. Independent School Cit. 9. Township 1. Independent School Cit. 9. Township 1. Independent School Cit. 1. Count Cit. 1. County H. Independent School Cit. 9. Township 1. Independent School Cit. 1. Independent School Cit. 1. County H. Independent School Cit. 9. Township 1. Independent School Cit. 1. County H. Independent School Cit. 1. County H. Independent School Cit. 9. Township 1. Independent School Cit. 1. County H. Independent School Cit. 1. Independent School Cit. 1. County H. Independent School Cit. 1. County H. Independent School Cit. 1. Independent Sc		i		3. DATE RECEIVED BY	STATE	State Applicant Identifier	
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Phone: (909) 931-4303 Phon	1499 West	t 13th Street	TOBI	M 13 1011		· · · · · · · · · · · · · · · · · · ·	
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a. Typed Name of Authorized Representative G. Michael Milhiser d. Signature of Authorized Representative b. Title c. Telephone number 909 931-4106 e. Date Signed							
G. Michael Milhiser City Manager 909 931-4106 d. Signature of Authorized Representative e. Date Signed							7
d. Signature of Authorized Representative e. Date Signed	1 "	•			City Mana	ger	,
Michael Milhesen July 15, 2003				1///. ~			
Muchae ///while	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ 	11-0	[] <i>[[]]</i>	1/100			July 15, 2003
		Vickae	1/1/0	ince			

OMB Approval No. 0348-0043 Applicant Identifier 2 DATE SUBMITTED APPLICATION FOR July 9, 2003 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: Application Preapplication ☐ Construction □ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier □ Non-Construction ■ Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: City of Oakland acting by and through its Board of Port Port of Oakland Port Commissioners (Port of Oakland) Name and telephone number of the person to be contracted on matters involving Address (give city, county, state, and zip code) this application (give area code) 530 Water Street **Douglas Mansel** Oakland, CA 94607 (510) 627-1335 EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) C H. Interdependent School District State State Controlled Institution of Higher Learning В. County Private University C. Municipal K. Indian Tribe D Township 8. TYPE OF APPLICATION: Interstate L. Individual Intermunicipal M. Profit Organization Continuation Revision New New G. Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): B Decrease Award Increase Duration Increase Award Decrease Duration Other (specify) 9. NAME OF FEDERAL AGENCY Federal Aviation Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC Design and Construct In-Line Explosives Detection Systems ASSISTANCE NUMBER 6 2 0 (EDS), Terminal 2, Oakland International Airport TITLE: Airport improvement Program (AIP) 6 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Oakland UUL 14. CONGRESSIONAL DISTRICTS OF 13. PROPOSED PROJECT b. Project Start Date **Ending Date** a. Applicant July 2003 May 2006 7 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE OR BERLE 2222 REDGES HOU 15. ESTIMATED FUNDING THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. YES. .00 a. Federal Ŝ 11,250,000 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON .00 \$ b. Applicant 2,750,000 ŝ DATE: July 9, 2003 c. State \$ b. NO PROGRAM IS NOT COVERED BY E. O. 12372 d. Local e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program income \$.00 g. TOTAL \$ 14,000,000 Yes If yes, attach an explanation 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED c. Telephone number a. Typed Name of Authorized Representative b. Title (510) 627-1133 **Director of Aviation** Steven J. Grossman e. Date Signed d. Signature of Authorized Representative July 9, 2003

APPLICATION FOR	<u>,</u>			Olvid Applioval 140.	0340-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION		4			
Legal Name:			Organizational Unit:		
California Departmer	nt of Toxic Substanc	ces Control	Hazardous W	aste Management Program	
Address (give city, county, State			Name and telephone	number of person to be contacted on matter	rs involv
1001 Street - P.O. E			this application (give a	rea code)	
				916) 445-2625	
Sacramento, Californ	118 93012-0000		Nair aimer (910) 443-2023	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
94-6001	3 4 7			A	
			A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Lea	ırning
X Nev	w Continuation	Revision	C. Municipal	J. Private University	
[]			D. Township	K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual	
	L		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	crease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other((specify):				
			9. NAME OF FEDERA	AL AGENCY:	
		····	Environmenta	Protection Agency	
				-	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
	B	6 6 - 8 0 8	Development	and I mplementation of a Mer	7 1 1 T X 7
	L		Lama Daguelia	and Implementation of a Men	501
	cycling Outreach Gr		Lamp Recyclii	ng Outreacte Plagram V	<u></u>]
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, State	es, etc.):		1124	
Statewide		1			
Ctatowao			}	JUL 1 1 2003	_
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			- 1
			1		
Start Date Ending Date	a. Applicant		b. Project	STATE CLEARING H	UUSI
9/03 9/08	Statewide		Statewide		
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECU	TIVE
			ORDER 12372 PR	OCESS?	
a. Federal	\$ -	75,000			
			4	PPLICATION/APPLICATION WAS MADE	
b. Applicant	\$.00		TO THE STATE EXECUTIVE ORDER 123	72
		00	PROCESS F	FOR REVIEW ON:	
c, State	\$		7/1	4/03	
		00	DATE _//I		
d. Local	\$			LIGHOT COVERED BY E. O. 40070	
		00	_	M IS NOT COVERED BY E. O. 12372	TC
e. Other	\$			RAM HAS NOT BEEN SELECTED BY STA	.16
		00	FOR REVI	E- VV	
f. Program Income	\$	•	47 10 THE ADDITION	T DELINOUENT ON ANY EEDERAL DED	
TOTAL	rt .	00	17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEB	
g. TOTAL	\$ 7	'5,000 [']	Yes If "Yes," a	ttach an explanation. 🔲 No	o
10 TO THE BEST OF MY KNOW		· · · · · · · · · · · · · · · · · · ·	ATION/PREADDITION	ON ARE TRUE AND CORRECT, THE	
				E APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF T			E.SANT AND IN		
a. Type Name of Authorized Repr		. Title	1	c. Telephone Number	
Watson Gin		Deputy Director	[(916) 322-3501	
d. Signature of Authorized Repres				a_Date_Signed	
VVUVI	11 XI			718/2003	

APPLICATION FOR				5111D 7 1pp 15 141 7 15 15 15 15 15 15 15 15 15 15 15 15 15
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier
		7-10-03		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier
Application	Preapplication			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION				
Legal Name:			Organizational Unit:	
City of Fer	ndale		C	ity
Address (give city, county, State, P. O. Box 1095 Ferndale, CA 9553 6. EMPLOYER IDENTIFICATION 9 4 6 0 0 0 8. TYPE OF APPLICATION: X New If Revision, enter appropriate letter	and zip code): 6 N NUMBER (El/V) 3 3 2 Continue i on L er(s) in box(es) rease Award C. Increase specify):		A. State A. State County D. Township E. Interstate F. Intermunicipal G. Special District 9. NAME OF FEDERA Rural Ut	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)
TITLE:Water and 12. AREAS AFFECTED BY PRO City of Ferndale,		tes, etc.): program	System I	Wastewater mprovement Project
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS First Congres	stricts of: ssional Distric	ct of Califor	nia
Start Date Ending Date	a. Applicant		b. Project	
6/2003 6/2007	Same		Same	
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PR	OCESS?
a. Federal b. Applicant	\$.00	AVAILABLE	APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372
c. State	\$.00	4	ne 24, 2003_
d. Local	\$.00	b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	\$.00	OR PROC FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE FIEW
f. Program Income	\$.00	17. IS THE APPLICAT	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	0	Yes If "Yes,"	attach an explanation. No
1	AUTHORIZED BY THE GO	VERNING BODY OF TH		TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
a Type Name of Authorized Rep	resentative	b. Title		c. Telephone Number
Mike Bommer)	City Mana	ager	(707) 786–4224
d. Signature of Authorized Repre	sentative			e. Date Signed

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE July 8, 2003 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier Application Preapplication Construction Construction 4 DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Planada Community Services District Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) Merced County, P.O. Box 905 Mr. Daniel Chavez Planada, CA 95365 209-382-0213 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) G 1 7 0 4 6 4 6 A. State H. Independent School Dist. 8 TYPE OF APPLICATION: B. County 1. State Controlled Institution of Higher Learning C. Municipal J. Private University Continuation Revision New New D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District A. Increase Award B. Decrease Award C. Increase Duration N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: **USDA Rural Utility Service** 11. DESCRIPTIVE TITLE OF APPL 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Upgrade and expand wastewater treatment plant the 0 - 7 6 0 serves the community of TITLE: Water & Waste Disposal Systems for Rural Comm. 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community and environs of Planada. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant b. Project 8/1/04 18th - Cardoza 9/1/03 18th - Cardoza 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal 4.872.000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON: 00 c. State \$ 06/30/03 DATE 00 d. Local \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 nn ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE \$ e Other FOR REVIEW 00 \$ f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

b. Title a. Type Name of Authorized Representative Daniel Chavez

President

4,872,000

c. Telephone Number (209) 382-0213

e. Date Signed

Yes If "Yes," attach an explanation.

d. Signature of Authorized Representative

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

No.

a. TOTAL

View Print Page 1 of 9



U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1647	
Recipient Name:	CITY OF CULVER CITY	
Project ID:	CA-90-Y032-01	
Budget Number:	2 - Budget Pending Approval	JUL 1 1 2003 レ
Project Information:	Enhanced Wash. Blvd. lighting	
Dout 4: Dooini		STATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-90-Y032-01
Recipient ID:	1647
Recipient Name:	CITY OF CULVER CITY
Address:	4343 Duquesne Avenue , CULVER CITY, CA 90232 3576
Telephone:	(310) 253-6543
Facsimile:	(310) 253-6513

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y032-01
Project Description:	Enhanced Wash. Blvd. lighting
Recipient Type:	City
FTA Project Mgr:	Ray Tellis 213.202.3956
Recipient Contact:	Andre Colaiace 310.253.6543
New/Amendment:	Amendment
Amend Reason:	Other
Fed Dom Asst. #:	20507
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Mar. 21, 2004 - Dec. 31, 2004
Recvd. By State:	

Gross Project Cost:	\$0
Adjustment Amt:	\$0
Total Eligible Cost:	\$0
Total FTA Amt:	\$0
Total State Amt:	\$0
Total Local Amt:	\$0
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified

Page 2 of 9

EO 12372 Rev:	YES
Review Date:	Jun. 30, 2003
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Deling. Details:	

Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	Yes

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	32	Hilda L Solis

Project Details

AMENDMENT No. 1:

This project would seek to amend this grant to increase passenger safety and security through the improvement of lighting near bus stops along Washington Blvd. Older street lights will be replaced with newer, more luminescent lights that will substantially improve lighting along this important transit corridor.

\$112,000 in federal funds previously provided for Activity Line Items (ALIs) 11.92.09 - Purchase Enhanced ADA Access and 11.93.09 - Construct Enhanced ADA Access will be moved the new ALI 11.94.03 to provide funds for the above project. There is no change in the federal amount or total amount of this grant as a result of this amendment.

This project is in Amendment#3 of the 2002/03 TIP with a project ID of LAOD104.

Approximately, \$112,000 in federal funds remain in this grant to fund this project. \$28,000 in Proposition C Local Return funds will be used as local match for this project.

This project will be constructed within the borders of Culver City, CA in the County of Los Angeles.

Culver CityBus' service area encompasses Culver City and the communities of Blair Hills, Century City, Marina Del Ray, Mar Vista, Palms, Rancho Park, Venice, West Los Angeles and Westwood. The service area covers approximately 40 square miles and serves a population of just under 300,000. Culver CityBus served an estimated 5 million passengers in 2002.

The Culver CityBus service area is also served by Torrance Transit, Santa Monica's Big Blue Bus, LACMTA and the Green Line Shuttle service.

View Print Page 3 of 9

All DOL application checklist items have been addressed.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost	
SCOPE				
111-00 BUS - ROLLING STOCK	16	\$764,431.00	\$933,200.00	
ACTIVITY				
11.92.09 PURCHASE ENHANCED ADA ACCESS	0	\$150,735.00	\$188,418.00	
11.93.09 CONSTRUCT ENHANCED ADA ACCESS	0	\$7,265.00	\$9,082.00	
11.12.01 BUY REPLACEMENT 40-FT BUS	2	\$494,431.00	\$595,700.00	
11.94.03 REHAB/RENOV LANDSCAPING / SCENIC BEAUTIFICATION	14	\$112,000.00	\$140,000.00	
	Estimated	I Total Eligible Cost:	\$933,200.00	
		Federal Share:	\$764,431.00	
L 101				
		Local Share:	\$168,769.00	

OTHER (Scopes and Activities not included in Project Budget Totals)

None

SOURCES OF FEDERAL FINANCIAL ASSISTANCE

UZA ID	Accounting Classification	FPC	FY	SEC	Previously Approved	Amendment Amount	<u>Total</u>
60020	1998.21.90.TE.1	00	2003	90	\$5,198.00	\$0.00	\$5,198.00
60020	1999.21.90.TE.1	00	2003	90	\$152,721.00	\$0.00	\$152,721.00
60020	2000.21.90.91.1	00	2003	90	\$494,431.00	\$0.00	\$494,431.00
60020	2000.21.90.TE.1	00	2003	90	\$112,081.00	\$0.00	\$112,081.00
					Total Prev	iously Approved:	\$764,431.00
					Total Ame	ndment Amount:	\$0.00
					Total from all F	unding Sources:	\$764,431.00

APPLICATIO		1	2. DATE SUBMITTI J	ED (uly 2003		, ant Identifier	
FEDERAL AS	SSISTANCE	ļ.,	3. DATE RECEIVE			State Application Iden	utfor
1. TYPE OF SUBMISSION:			3. DATE RECEIVE	DBYSIAIE		State Application Iden	une
Application Construction	Preapplication ☐ Construction						
⊠ Non-Construction	☐ Non-Construction		4. DATE RECEIVE	D BY FEDERAL AGEN	NCY	Federal Identifier	
5. APPLICANT INFO	RMATION						
Legal Name: Imperial County,	California			Organizational U Imperial Co		ard of Supervis	sors
Address (give city, count	y, state, and zip code)		***************************************	Name and teleph this application (g			contacted on matters involving
Imperial County Board of Supervis	ors			Ken Hollis,	-	ue,	
940 W. Main Stre				Imperial County Community & Economic Development			
El Centro, CA 92	243			(760) 337-78	814		
EMPLOYER IDENTIFICA	NTION NUMBER (EIN).			7 TVDE OF AD	PDI ICANT.	Vantar annanziata la	Hos in how)
			-		•	enter appropriate lei	<u> </u>
	6 0 0 0	0	2 4	A. State B. County C. Municipal D. Township		H. InterdependentI. State ControlledJ. Private UniversitK. Indian Tribe	Institution of Higher Learning
8. TYPE OF APPLICATI	ON:			E. Interstate F. Intermunicipa		L. Individual M. Profit Organization	nn
	⊠ New □	Continuation	Revision	G. Special Distri			
If Revision, enter approp	riate letter(s) in box(es):					R	ECEIVED
A Increase Award	B Decrease Award	C Increase Du	ration				
D Decrease Duration	n Other (specify)			9. NAME OF FE	EDERAL AG	ENCY	JUL 1 0 2003
							TE CLEARING HOUSE
10. CATALOG OF FEDERA	LDOMESTIC			B .		F APPLICANT'S PI	ROJECT:
ASSISTANCE NUMBER	2 0	. 1	0 6	l		rvice Airport	
TITLE: Airport improver Program (AIP)	ment ———	!		Feasibility/S	site Selec	non Study	
12. AREAS AFFECTED	BY PROJECT (cities, counties						
	iego Counties, Califo o, Imperial, Brawley,		San Diego.				
California							
13. PROPOSED PROJE Start Date Endin	ECT 14. CONGRESSION 14. CONGRESSION 14. Applicant	ONAL DISTRICT	S OF		b. Project	!	
	0/04 #51				#51	•	
15. ESTIMATED FUNDI							ORDER 12372 PROCESS?
a. Federal	\$ 400,00	0 .00 a.				ATION WAS MADE 72 PROCESS FOR	AVAILABLE TO THE REVIEW ON
b. Applicant	\$	00.00					
c. State	\$	00.00	DA ⁻ 	re: July 8,	, 2003		
d. Local	\$ 44,44	4 .00 b.	NO	PROGRAM IS N	OT COVER	ED BY E. O. 12372	
e. Other		0 .00					STATE FOR REVIEW
f. Program income	\$	0 .00 17.	ISTHE APPLICA	NT DELINQUENT	ON ANY FE	DERAL DEBT?	
g. TOTAL	\$ 444,44	4 .00	Yes If yes	s, attach an explana	ation		⊠ No
AUTHORIZED BY THE (APPLICANT AN	N THIS APPLICA ID THE APPLICA	TION ARE TRUE A NT WILL COMPLY	AND CORRE Y WITH THE	ECT, THE DOCUME ATTACHED ASSU	RANCES IF THE ASSISTANCE IS
a. Typed Name of Autho	orized Representative	b. Title	Board of Su	arvieare			c. Telephone number (760) 482-4290
d. Signature of Authorize	ed Representative			7C1 41301.2			e. Date Signed
1 %	Tal Mi	ann					X 07-08-03
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							OMB Approval No. 0348-004	
APPLICATION		NT.		2. DATE SUBMITTED		App	licant Identifier	
FEDERAL ASSI		E		3. DATE RECEIVED BY	Y STATE	Stat	e Application Identifier	
1. TYPE OF SUBMISSION Application	ON:	Preapplication		S. DATE RECEIVED B	GINIE			
Construction		☐ Construction						
■ Non-Construction		☐ Non-Construction		4. DATE RECEIVED BY	Y FEDERAL	AGENCY Fed	eral Identifier	
5. APPLICANT INFORM	MATION			4. DATE RECEIVED D.				
Legal Name	VIATION			Organizational Unit:				
Los Angeles County Metropolitan Transportation Authority			Programming	and Poli	cy Analysis			
Address (give city, state, a	:		Name and telephone num area code)	nber of the p	erson to be contact	ed on matters involving this application (give		
One Gateway Plaza				Steve Henley				
Los Angeles	rnia 90012-2952		(213) 922-3093	3				
6. EMPLOYER IDENTI		NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter ap	propriate letter in b	ox) N	
95 - 44 0 1				A State H I	ndependent	School Dist.		
8. TYPE OF APPLICAT New Contin	10N: iuation X	Revision		B County I S C Municipal J D Township K	State Contro Private Univ Indian Trib	lled Institution of l ersity	Higher Learning	
If Revision, enter approp	oriate letter((s) in box(es): A		E Interstate L F Intermunicipal M G Special District M	Individual A Profit Org V Other (Spe	ganization ecify)		
A Increase Award D Decrease Duration	B Decrease Other (spe		ration	State Chartere				
D Decrease Daramon	- Camer (cp	- 007		9. NAME OF FEDERAL	L AGENCY:			
				Federal Trans				
10. CATALOG OF FED	ERAL DON	MESTIC 20 - 5	00	11. DESCRIPTIVE TIT	LE OF APP	LICANTS PROJE	CT:	
ASSISTANCE NUMB TITLE 49 U.S.		9		Sub-recipient G CA-03-0594-01	Grantee – `	Vehicles and In	ntermodal Facility,	
				RECEIVED			RECEIVED	
12. AREAS AFFECTED		ECT (cities, counties, state unty of Los Ange		JUL 1 0 2003				
•								
13. PROPOSED PROJE	CT	14. CONGRESSIONAL				b. Project	STATE CLEARING HOUSE	
Start Date		Ending Date	a. Applicant					
07-01-200	3	12/31/2004	District 37			Same as A	ppncant	
15. ESTIMATED FUND	INC		16. IS APPLICATION	ON SUBJECT TO REVIEV	V BY STATI	E EXECUTIVE OF	DER 12272 PROCESS?	
a Federal	\$	247,579.00	a YES THIS P	REAPPLICATION APPL	ICATION W	AS MADE AVAIL	ABLE TO THE STATE EXECUTIVE	
	ľ		ORDER 12	ER 12372 PROCESS FOR REVIEW ON				
			DATE7/3	8/2003				
			, NO [] nn	OGRAM IS NOT COVER	ED BY E O	12372		
			b NO □ PR	OGRAM IS NOT COVEN	EDBIEG	120.2		
			□ or:	PROGRAM HAS NOT BE	EN SELEC	FED BY STATE FO	OR REVIEW	
b Applicant	\$.00						
c State	\$.00						
d Local	\$	61,895.00						
e Other	\$.00						
f Program Income	\$.00	17. IS THE APPLIC	CANT DELINQUENT ON	ANY FEDE	RAL DEBT?		
			Yes If "Y	es" attach an explanation	⊠ N	lo		
g TOTAL	\$	309,474.00						
18. TO THE BEST OF MY I	KNOWLEDG IE APPLICA	GE AND BELIEF, ALL DATA	IN THIS APPLICATION I	PREAPPLICATION ARE TRU E ATTACHED ASSURANCE	JE AND CORF S IF THE ASS	RECT. THE DOCUM	ENT HAS BEEN DULY AUTHORIZED BY THE DED	
a Typed Name of Author					b Title		c Telephone number	
FRANK FLOR		·				ecutive Officer, ing & Policy Analy	(213) 922-2456	
d. Signature of Authoriz		ntative /			e. Date Sign			
a. Signature of Authoriz	en vehresei	+			07-	08-03		
The	h J	Kan			77	00-03		
Duniana Eduana Nat Ula	ahlé						CI 1 - 10 404 P-11 440	
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U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Part 1: Recipi	JUL 1 0 2003	
Project Information:	FFGA-Metro Gold Line Eastside Extension	RECEIVED
Budget Number:	6 - Budget Pending Approval	
Project ID:	CA-03-0508-05	
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSF	ORTATION AUTHORITY
Recipient ID:	5566	

Part 1: Recipient Information

STATE CLEARING HOUSE Project Number: CA-03-0508-05 5566 Recipient ID: LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY Recipient Name: ONE GATEWAY PLAZA, LOS ANGELES, CA 90012 2932 Address: Telephone: (213) 922-2459 Facsimile: (213) 922-2476

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$877,232,188		
Project Number:	CA-03-0508-05	Adjustment Amt:	\$0		
Project	FFGA-Metro Gold Line	Total Eligible Cost:	\$877,232,188		
Description:	Eastside Extension	Total FTA Amt:	\$686,413,718		
Recipient Type:	Transit Authority	Total State Amt:	ingunianumianumianumianumianumianumianumian		
FTA Project Mgr:	Ray Tellis 213.202.3956	Total Local Amt:	\$190,818,470		
Recipient Contact: Charlene Lee Lorenzo 213.922.2462		Other Federal Amt:	9		
New/Amendment:	Amendment	Special Cond Amt:	\$0		
Amend Reason:	Other				
		Special Condition:	None Specified		
Fed Dom Asst. #:	20500	S.C. Tgt. Date:	None Specified		
Sec of Statute:	5309	S.C. Eff. Date:	None Specified		
		Fst Ohlin Date:	None Specified		

State Appl. ID:	None Specified
Start/End Date:	Apr. 01, 2002 - Jun. 30, 2009
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Jun. 30, 2003
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jan. 17, 2003
Program Page:	29
Application Type:	Electronic
:	
Supp. Agreement?: Debt. Deling.	No
Debt. Defind.	

Pre-Award Authority?:	Yes
Fed. Debt	No
Authority? Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

	District Code	District Official
6	29	Adam B Schiff
6	31	Xavier Becerra
6	32	Hilda L Solis
6	34	Lucille Roybal-Allard

APPLICATION FOR F ASSISTANCE	EDERAL	2. DATE SUBMITTED	Applicant Identifier		
TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier		
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION		T-			
Legal Name: Housing Authority of Of Merced		Organizational Unit: Housing Authority			
Address (give city, county, state, and zip co 405 U Street Merced, CA 95340	JUL 1 0 2003	Name and telephone number of the person to be deapplication (give area code) Nck Benjamin (209) 722-3501, ext	-		
6. EMPLOYER IDENTIFICATION (EIN): 94 - 6003432	STATE CLEARING HOU		t School District		
8. TYPE OF APPLICATION: New Continua If Revision, enter appropriate letter(s) in bo. A. Increase Award B. Decr. C. Increase Duration D. Decr. Other (specify):	x(es): 🛘 🖟 ease Award	B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District B. State Controlled Institution of Higher Learning C. Private University F. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): Housing Authority			
		NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development			
10. CATALOG OF FEDERAL	10 - 405	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
DOMESTIC ASSISTANCE NUMBER: 10 - 405 TITLE: FmHA 514/516 Farm Labor Housing		Replace 52 units of year-round farm labor housing, two manager's units, office/shop building, child care facility and laundry building located in the town of Planada, Merced County. Two of the 52 units will be used for migrant labor housing.			
12. AREAS AFFECTED BY PROJECT (cit	•	,g.			
Town of Planada, Merced Cou	inty, California	14. CONGRESSIONAL DISTRICT OF:			
Start Date	End Date	a. Applicant	b. Project		
June 1, 2004	November 30, 2005	18	18		
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVI			
a. Federal	\$ 3,000,000.00	a. YES. THIS PREAPPLICATION/APPLI TO THE STATE EXECUTIVE ORDER			
b. Applicant	\$	DATE <u>3/27/03</u>			
c. State-JSJ Farmworker Housing Grant	\$ 3,000,000.00	b. NO.			
d. Local - land donation	\$	PROGRAM IS NOT COVERED BY E.O. 1237	2		
e. Other - State rental subsidy	\$. OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 6,000,000.00	Yes If "Yes" attach an explanation.	⊠ No		
18. TO THE BEST OF MY KNOWL BEEN DULY AUTHORIZED BY IF THE ASSISTANCE IS AWAI	THE GOVERNING BODY OF THE AP	S APPLICATION/PREAPPLICATION ARE TRUE AN PLICANT AND THE APPLICANT WILL COMPLY W	ID CORRECT, THE DOCUMENT HAS ITH THE ATTACHED ASSURANCES		
a. Typed Name of Authorized Representate Mitchell Sperling	ive	b. Title Executive Director	c. Telephone Number (209) 722-3501, ext 108		
d. Signature of Authorized Representative	Ser L		e. Date Signed		
Designer Californi Nat Hashle			Standard Form 424A (DEV/ 4-02)		

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Standard Form 424A (REV 4-92) Prescribed by OMB Circular A-102 SWRCB

OMB Approval No. 0348-0043 Applicant Identifier 2. Date Submitted APPLICATION FOR FEDERAL ASSISTANCE REVISION State Application Identifier 3. Date Rec'd by State 1. Type of Submission: Application Preapplication Federal Identifier 4. Date Rec'd by Federal Construction Construction Nonconstruction X Nonconstruction Organizational Unit: 5. Applicant Information: Division of Water Quality Legal Name and Address: Name and telephone of person to be contacted on matters (give city, county, state, and zip code) State Water Resources Control Board JUL 10 involving this application (give area code): 1001 I Street, Sacramento County James Maughan Sacramento, California 95814 (916) 341-5522 7. Type of Applicant: (enter appropriate letter) __A 6. Employer Identification Number (EIN): H. Independent School District A. State 68--0281986 I. State Institute of Higher Learning B. County J. Private University C. Municipal 8. Type of Application: K. Indian Tribe D. Township ___ Revision ___ Continuation X New L. Individual E. Interstate If Revision, enter appropriate letter(s): M. Profit Organization F. Intermunicipal B. Decrease Award A. Increase Award N. Other (specify) G. Special District D. Decrease Duration C. Increase Duration Other (specify) _ 9. Name of Federal Agency: U. S. Environmental Protection Agency 10. Catalog of Federal Domestic Assistance Number 66.419 11. Descriptive Title of Applicant's Project: Title: Water Pollution Control_State and Interstate To establish and maintain adequate measures for prevention Program Support and control of surface and ground water pollution. 12. Area Affected by Project: (cities, counties, states, etc.) California - Statewide 13. Proposed Project: 14. Congressional District of: End Date Start Date Applicant: June 30, 2008 July 1, 2003 California - All 16. Is the application subject to review by the State 15. ESTIMATED FUNDING: Executive Order (EO) 12372 process? X This application/preapplication was made a. YES: \$6,611,630 a. Federal available to the State EO 12372 process for \$0 b. Applicant review on: \$8,907,386 c. State July 10, 2003 Date: \$0 d. Local Program is not covered by EO # 12372 b. NO: \$3,460,970 e. Other - "In-Kind" Assistance Program has not been selected by the f. Program Income state for review. 17. Is the applicant delinquent on any Federal debt? \$18,979,986 g. TOTAL NO YES, attach explanation 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Typed Name of Authorized Representative b. Title: (916) 341-5615 **Executive Director** Celeste Cantú

d. Signature of Authorized Representative

e. Date Signed:

PLICATION FOR				a ti at independence
ERAL ASSISTA	NCE	2. DATE SUBM	ITTED	Applicant Identifier
		3. DATE RECE	VED BY STATE	State Application Identifier
E OF SUBMISSION:	Preapplication			
olication	Construction	4, DATE RECE	IVED BY FEDERAL AGENCY	Federal Identifier
Construction	Non-Construction	l l		
Nan-Construction	\		P M	
PLICANT INFORMATION	N	医局屋目型	L'Organizational Unit:	
Name:	11.71	医医巴口口	Office of Emergency San	vices ;
of California as (give city, county, Stat	te and rip code):		Name and telephone number	of person to be contacted on matters involving
	110	JUL 1 0 200		
. Box 419047 cho Cordova, CA 9574	11-9047	1 000	Planning: Diana Cossair	
CHB CDIOO44, On Gov	l l	The second secon	Franing: Jeanine Gentl	s (805) 549-3531
PLOYER IDENTIFICAT	ION NUMBER (EIN):	-ATT OF EARING	TO THE OF APPLICANT:	
	18 IS	TATE CLEARING	and the second s	A
4 - 6 0 0 1 3	1.1.		A. State	H. Independent School Dist.
			B. County	I. State Controlled Institution of Higher Learnin
PE OF APPLICATION:	X Continuation	Revision	C. Municipal	J. Private University
New		L	D. Township	K, Indian Tribe
vision, enter appropriate	letter(s) in box(es)		E. Interstate	L. Individual
Aloton distal abbioblers		لسا لسا	F. Intermunicipal	M. Profit Organization
In ordners Award	B. Decrease Award	C. Increase Duration	G. Special District	N. Other (Specify)
Increase Award	Other (specify):			
Decrease Duration			9. NAME OF FEDERAL AG	ENCY:
				non-dation
			U. S. Department of Tra	паропацоп
				E AGOLICANTS PROJECT:
CATALOG OF FEDERA	L DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE TITLE O	FAPPLICANTS PROJECT:
	L DOMESTIC ASSISTANC	20-703]	FAPPLICANT'S PROJECT:
TITLE: Hazardous Mat		2 0 - 7 0 3 aredness Grant Program]	FAPPLICANTS PROJECT:
TITLE: Hazardous Mat	erials Emergency Prep	2 0 - 7 0 3 aredness Grant Program]	FAPPLICANTS PROJECT:
TITLE: Hazardous Mat AREAS AFFECTED BY	erials Emergency Prep PROJECT (Cities, Countle	2 0 - 7 0 3 aredness Grant Program]	FAPPLICANTS PROJECT:
TITLE: Hazardous Mat	PROJECT (Chies, Countle	aredness Grant Program s, States, etc.):		FAPPLICANTS PROJECT:
TITLE: Hazardous Mat AREAS AFFECTED BY atawide PROPOSED PROJECT	PROJECT (Chies, Counties: 14. CONGRESSION 3. Applicant	2 0 - 7 0 3 aredness Grant Program s, States, etc.): NAL DISTRICTS OF:	b. Project	FAPPLICANT'S PROJECT:
AREAS AFFECTED BY atowide PROPOSED PROJECT TO Data Ending De 101/03 09/30/04	PROJECT (Chies, Counties: 14. CONGRESSION a. Applicant State of Californ	2 0 - 7 0 3 aredness Grant Program s, States, etc.): NAL DISTRICTS OF:	b. Project	FAPPLICANT'S PROJECT:
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AREAS AFFECTED BY atawide PROPOSED PROJECT art Data Ending Da (01/03 09/20/04 ESTIMATED FUNDING Federal S Applicant S Local S Other S -Kind Program Income 3	PROJECT (CNes, Counties 14. CONGRESSION a. Applicant State of Californ 242,02	2 0 - 7 0 3 aredness Grant Program s, States, etc.): NAL DISTRICTS OF: la 1,00 .00 .00 .00 .00	b. Project 16. IS APPLICATION SUE ORDER 12372 PROCE a. YES. THIS PREAPPL TO THE STATE REVIEW ON: DATE: b. No. PROGRAM OR PROGF FOR REVIE	JECT TO REVIEW BY STATE EXECUTIVE SS? JICATION/APPLICATION WAS MADE AVAILABLE EXECUTIVE ORDER 12372 PROCESS FOR IS NOT COVERED BY E.O. 12372 RAM HAS NOT BEEN SELECTED BY STATE EW
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AREAS AFFECTED BY atawide PROPOSED PROJECT AR Data Ending Da 701/03 09/20/04 ESTIMATED FUNDING Federal S Applicant S Local S Other S	PROJECT (Cities, Counties 14. CONGRESSION 14. CONGRESSION 15. Applicant State of Californ 242,02 1,210. KNOWLEDGE AND BELL DULY AUTHORIZED BY THE ASSISTANCE I	aredness Grant Program s, States, etc.): NAL DISTRICTS OF: 100 .00 .00 .00 .00 .00 .00 .0	b. Project 16. IS APPLICATION SUE ORDER 12372 PROCE a. YES. THIS PREAPPL TO THE STATE REVIEW ON: DATE: b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT LICATION/PREAPPLICATION THE APPLICANT AND THE APPLICANT AND THE APPLICANT	DECT TO REVIEW BY STATE EXECUTIVE SS? LICATION/APPLICATION WAS MADE AVAILABLE EXECUTIVE ORDER 12372 PROCESS FOR IS NOT COVERED BY E.O. 12372 RAM HAS NOT BEEN SELECTED BY STATE EW DELINQUENT ON ANY FEDERAL DEBT? TACK AN explanation. X No ARE TRUE AND CORRECT, THE PLICANT WILL COMPLY WITH THE
AREAS AFFECTED BY atawide PROPOSED PROJECT arr Data Ending Da 701/03 09/20/04 ESTIMATED FUNDING Federal S Applicant S Local S Other S -Kind Program Income 3 TOTAL S DOCUMENT HAS BEEN ATTACHED ASSURANCE TYPE Name of Authorize DALLAS JONES	PROJECT (Cities, Counties 14. CONGRESSION ate a. Applicant State of Californ 242,02 1,210. KNOWLEDGE AND BELL DULY AUTHORIZED BY THE ASSISTANCE IS at Raprosentative	aredness Grant Program s, States, etc.): NAL DISTRICTS OF: 100 .00 .00 .00 .00 .00 .00 .0	b. Project 16. IS APPLICATION SUE ORDER 12372 PROCE a. YES. THIS PREAPPL TO THE STATE REVIEW ON: DATE: b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT LICATION PREAPPLICATION THE APPLICANT AND THE APPLICANT AND THE APPLICANT	DECT TO REVIEW BY STATE EXECUTIVE SS7 LICATION/APPLICATION WAS MADE AVAILABLE EXECUTIVE ORDER 12372 PROCESS FOR IS NOT COVERED BY E.O. 12372 RAM HAS NOT BEEN SELECTED BY STATE EW DELINQUENT ON ANY FEDERAL DEBT? EACH an explanation. ARE TRUE AND CORRECT, THE PLICANT WILL COMPLY WITH THE C, Telephone Number (91c) BARAGE 10 6. Date Signed
AREAS AFFECTED BY atswide PROPOSED PROJECT art Data PROPOSED PROJECT art Data Produce British State State Cocal Program Income TOTAL STOTHE BEST OF MY COCUMENT HAS BEEN	PROJECT (Cities, Counties 14. CONGRESSION ate a. Applicant State of Californ 242,02 1,210. KNOWLEDGE AND BELL DULY AUTHORIZED BY THE ASSISTANCE IS at Raprosentative	aredness Grant Program s, States, etc.): NAL DISTRICTS OF: 100 .00 .00 .00 .00 .00 .00 .0	b. Project 16. IS APPLICATION SUE ORDER 12372 PROCE a. YES. THIS PREAPPL TO THE STATE REVIEW ON: DATE: b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT LICATION/PREAPPLICATION THE APPLICANT AND THE APPLICANT AND THE APPLICANT	DECT TO REVIEW BY STATE EXECUTIVE SS? LICATION/APPLICATION WAS MADE AVAILABLE EXECUTIVE ORDER 12372 PROCESS FOR IS NOT COVERED BY E.O. 12372 RAM HAS NOT BEEN SELECTED BY STATE EW DELINQUENT ON ANY FEDERAL DEBT? TACK AN explanation. X No ARE TRUE AND CORRECT, THE PLICANT WILL COMPLY WITH THE

PPLICATION FOR		2. DATE SUBMITTED			pproval No. 0346
EDERAL ASSISTA	INCE	July 10	, 2003	Applicant Identifier Tracking # 03-410	
TYPE OF SUBMISSION:		3. DATE RECEIVED B		State Application Identifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
APPLICANT INFORMATION					
_{gal Name:} East Bay Habitat for	Humanity. Inc.	6 E V E	Organizational Unit;		
dress (give city, county, State			Name and telephone i	number of person to be contact	ed on matters inv
619 Broadway Jakland, CA 94612		JUL 1 0 2003	this application (give a		
EMPLOYER IDENTIFICATION	N NUMBER (EIN)	ALFADINA HAI	7. TYPE OF APPLICA	NT: (enter appropriate letter in	box)
9 4 - 3 0 5 3	3 6 8 7 SIAIL	CLEARING HO	A. State	H. Independent School Dist.	N
TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	f Higher Leaminç
₽ No	w Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe	
Revision, enter appropriate le	iter(s) in box(es)	7 [7]	E. Interstate	L. Individual	
	<u> </u>		F. Intermunicipal	M. Profit Organization	
	crease Award C. Increas (specify):	e Duration	G. Special District	N. Other (Specify) <u>501(c)(3</u>	3) Non-prf
			9. NAME OF FEDERA	L AGENCY:	
·			EPA; Project Off	icer: Susanne M. Perkins	3
CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJE	CT:
TITLE: BrOWN	field Pilots	6 6 - 8 1 1 Cooperative	Edes Avenue Site	e Cleanup	
AREAS AFFECTED BY PR	OJECT (Cities, Counties, Ste	ites, etc.): Agroom	ents		
akland, Alameda Count	ty, Callfornia	, 5			
PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:	1		
rt Date Ending Date	a. Applicant #9	CA)	b. Project	(CA)	
ESTIMATED FUNDING:				SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
	Programme and the second		ORDER 12372 PR		
ederal (EPA)	\$ 200,	000	V60 THO DETEN	DD: MA PIANUS MARIA A TITLE	
pplicant	\$ _	000	AVAILABLE	PPLICATION/APPLICATION V TO THE STATE EXECUTIVE	
itate	\$	000	7	OR REVIEW ON:	
ocal	\$ 234	500	DATE		
other Volunteer	\$ 24	00 0 °°	☐ OR PROG	MIS NOT COVERED BY E. O. RAM HAS NOT BEEN SELEC	
	5	0 .00	FOR REVI		
ogram Income	I .	, ,			
rogram Income	\$ 553,		17. IS THE APPLICAN	i delinquent on any fed tach an explanation.	EKAL DEBIY

ATTACHED ASSURANCES IF THE ASSISTANCE	IS AWARDED.	ONIT AND THE AFFE
a. Type Name of Authorized Representative	b. Title	c. Telepho
Joel T. Mackey	Executive Director	E / A

one Number 510-251 Executive Director d. Signature of Authorized Representative e. Date Signed

Previous Edition Usable Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

								OMB Approval No. 0348-00-
APPLICATION FEDERAL A				2. DATE SUBMITTED			Applicant Identifier	N/A
TYPE OF SUBM Application	1155101	Prea	pplication	3. DATE RECEIVED B	Y STA	TE	State Applicant Identifier	N/A
☐ Construction			Construction	4. DATE RECEIVED B	Y FED	ERAL AGENCY	Federal Identifier	N/14
Non-Constru	clion	×Ν	on-Construction					N/A
5. APPLICANT INFORMATION				-		**		
Løgal Name: Sunti	Rosa, Cit	y of				ganizational Unit:		
Address (give city,	county, state	e, and zij	o code);	es Ch. F		me and telephone dication (give ere		acted on matters involving this
965 Sono	та Ачели	e		GEIVI	1 .	ma	ELLE COMERFORD	
Public Sa	fety Build	ing					BIBE COMBREORD	
Santa Ros	ea, CA 95	401		UL 1 0 2003		(707)	543-3561	
6. EMPLOYER IDE	NTIFICATIO	MUM MC	BER (EIN):		7.	TYPE OF APPLIC	ANT: (enter appropriate les	tter In box)
		00428	STATE	CLEARING E	JUL	A rStale B) County		Institution of Higher Learning
8, TYPE OF APPLI	CATION:		-		1	C. Municipal D. Township	J. Private Univereli K. Indian Tribe	ıy
	Ø ħ	lew	☐ Continuation	☐ Revision		E. Interstate	L. Individual	
If Revision, enter ap				ncrease Duration	1	F. Intermunicipal G. Special Distric	_	on
D. Decrease Dur		Other (s)		ICI 9899 Dui addii	9,	NAME OF FEDER	AL AGENCY:	
						Office	Department of Ju- of Community Oriented	
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10. CATALOG OF	rederat t) 	C ASSISTANCE NO	DWIBER:	11.	DESCRIPTIVE	TLE OF APPLICANT S PRO	JEDI
			1 6 .	7 1 0		MODERNIZI	NG EQUIPMENT FO	R CITYWIDE
ТПLE: 2003 Те	chnology gr	rant pro	gram			RADIO COM	MUNICATIONS SIT	E.
12. AREAS AFFECTE		CT (cities	, counties, states, etc.,): 				
13. PROPOSED PR			14. CONGRESSI	ONAL DISTRICTS OF	:			
Start Date	Ending Dat	ie	a. Applicant			b. Project		
2/20/2003	2/19/20	004	CA-6			CA-6		
15. ESTIMATED FU	INDING:						TION SUBJECT TO REVIEW	BY STATE EXECUTIVE
a. Federal		\$		198700.00			72 PROCESS?	
b. Applicant		\$.00.		AVA	SPREAPPLICATION/APPLIC NILABLE TO THESTATE EXE DCESS FOR REVIEW ON:	
c. State		5		.00.		DAT		
d. Local		\$.00.		ь. NO. □	PROGRAM IS NOT COVER	2ED BY E.O. 12372
e. Other		s	`	.00.		U. NO.		BEEN SELECTED BY STATE
f. Program Income		s		.00		A le with twee		NV STOCKAL BERTA
g. TOTAL		ş		.00.		Yes	LICANT DELINQUENT ON A "Yes," attach an explanation	
BY THE GOVERNING B	ODY OF THE	APPLICA	NT AND THE APPLICA	THIS APPLICATION/PRE ANT WILL COMPLY WITH	APPL	CATION ARE TRUE ATTACHED ASSURA	AND CORRECT. THE DOCUME INCES IF THE ASSISTANCE IS A	NT HAS BEEN DULY AUTHORIZED WARDED.
Typed Name of Au MICHAEL A	uthorized Re	presente NUGH	ilve	b. Tillo	CHI	EF OF POL	ICE	c. Telephone number (707) 543-3559
d. Signature of Autho	rized Repre	sentative	1					e. Date Signed
Herbert		w						7-10-03
avious Editions Usavio	C.F.		Authorized for Local Re	aproduction	\$	tenderd Form 424 (R	EV. 4-92)	Prescribed by OMB Circular A-10

CPR

OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier **FEDERAL ASSISTANCE** #03-442 July 9, 2003 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Construction Preapplication ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Pesticide Action Network North America Database Program Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving E this application (give area code) 49 Powell Street, San Francisco, San Francisco **County, CA 94102** Stephan Orme, 415-981-1771 6. EMPLOYER IDENTIFICATION NUMBER (EIN) TYPE OF APPLICANT: (enter appropriate letter in box) JUL 1 0 2003 9 4 - 2 9 4 9 6 8 6 N A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning ☐ |Revision 6. Municipal J. Private University Continuation New New D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization 501(c)(3) A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) _ D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: EPA Region IX, Marie Ortesi and David Wood 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 6 6 4 6 3 Innovative Tools for Water Quality Analysis: Pesticide Partitioning Database and Website for TMDL Planning TITLE: Water Quality Cooperative Agreements 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT b. Project Ending Date Start Date a. Applicant California 8th all California 9/30/05 10/1/03 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** \$ a. Federal 97,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant 0 PROCESS FOR REVIEW ON: c. State \$ 07/09/03 0 DATE d. Local \$ 0 b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other \$ 0 FOR REVIEW \$ Program Income 0 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL £. No. Yes If "Yes," attach an explanation. 97,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title c. Telephone Number

Managing Director

d. Signatu

Stephen, Scholl-Buckwald

orized Repres

(415) 981-1771

e. Date Signed

P.02/02

OMB Approval No. 0348-0043

APPLICATION FOR				Applicant Identifier	
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED		Applicant Identified	
		7/7/03			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
✓ Non-Construction	Non-Construction				
5. APPLICANT INFORMATION	4		Organizational Unit:		
Legal Name: The Regents of the U	Iniversity of Califo	roia IDITOTII	Goonsored Pr	ojects Administation	
Address (give city, county, State.	and alp ordel	"EMEGEN	Name and telephone	number of person to be contacted on matters involving	
			this application (alve a	rea code)	
200 University Office		JUL 10	2007 Ring Card	e (909) /87-4492 Technical	
Riverside, Riverside,	CA 92521-0217		Jeanne Reye	s (909) 787-535 Administrative	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	OTATE OF ADIA		ANT: (enter appropriate letter in box)	
95-6006	1 4 2	STATE CLEARIN	The second secon	N. A. dan and ont Cabart Diet	
			A. State B. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning	
B. TYPE OF APPLICATION:			C. Municipal	J. Private University	
✓ Nev	v Continuation	Revision	D. Township	K, Indian Tribe	
If Revision, enter appropriate let	ter(s) in hoy(es)		E. Interstate	L. Individual	
II REVISION, enter appropriate les	railp) iii poviop)	لـا ل	F. Intermunicipal	M. Profit Organization	
A Increase Award B. Dec	rease Award C, Increas	se Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other	(specify):				
			9. NAME OF FEDERA	AL AGENCY:	
			USDA Forest Se	rvice	
			44 OF CODIDING TI	TLE OF APPLICANT'S PROJECT:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N		.	· · · · · · · · · · · · · · · · · · ·	
		1 0 — 6 6 4		Study and Modeling Work on	
TITLE: Cooperative	Forestry Assistance		Lepidoptera Phe	romone Study	
12 AREAS AFFECTED BY PR	DJECT (Cities, Counties, S	tales, etc.):	7		
California					
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
Ct-+ Date Ending Date	a. Applicant		b. Project	1	
Start Date		3rd	,	43rd	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
13. ESTIMATED FUNDING.			ORDER 12372 PF		
a. Federal	\$.03			
4.1 550(4)		10,000		APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$	08	i .	E TO THE STATE EXECUTIVE ORDER 12372	
		10,000	PROCESS	FOR REVIEW ON:	
c. State	\$	00	2.77	7/7/03	
	1	<u> </u>	- DATE	1,1-1	
d. Local	\$	•	h No TI PROGR	AM IS NOT COVERED BY E. O. 12372	
o Othor	S	OÚ .		GRAM HAS NOT BEEN SELECTED BY STATE	
e. Other	"	•	FOR RE		
f. Program Income	\$	80	-		
II. Program moona		,	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	DO 000	Yes If "Yes "	attach an explanation.	
		20,000			
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE	
			HE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF				c. Telephone Number	
a. Type Name of Authorized Re	presentative	b. Title	& Grant Anal	I .	
		Sr. Contract	N TEARL ADA	Mar	
Jeanne Reves	egentative 🕩 "			e. Date Signed / /	
d. Signature of Authorized Repr	asentative The L			e. Date Signed 7/8 3	
d. Signature of Authorized Repr	esentative Help			Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102	

Prescribed by OMB Circular A-102

APPLICATION FOR				OMB App	proval No. 0348-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED	<u> </u>	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:	_		Organizational Unit:		
ESPARTO COMMU	NITY SERVICES	DISTRICT		MUNITY SERVICES D.	ISTRICT
Address (give city, county, State			Name and telephone this application (give a	number of person to be contacted area code) DAVID M. HE	d on matters involving
16960 YOLO AV	E. ESPARTO, CA	A 95627-0349	(530)7	R. SUPERINTENDENT	
6. EMPLOYER IDENTIFICATIO				ANT: (enter appropriate letter in b	ox)
94-6000	548	CO D NO P			
		<u> </u>	A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County C. Municipal	I. State Controlled Institution of J. Private University	Higher Learning
Nev	v Continuation	☐ Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate let	ler(s) in box(es)	1 1 0 2003	E. Interstate	L. Individual	
1			F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	crease Award C. Increase		G. Special District	N. Other (Specify)	
D. Decrease Duration Other((specify):	EARING HOUS			
	DIALE	EMINIOUS	S. NAME OF FEDER	AL AGENCY: GRICULTURE - RURAL	7)
	A company of the second		DEPT. OF M	GRICULIURE - RURAL	. DEVINIA
			- KURAL	UTILITIES SERVICE	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	JMBER:	1	TLE OF APPLICANT'S PROJEC	T:
		10-760	COMMUN	ITY DOMESTIC	
- latama fina	ASTE DISPOSAL LOAN		_	ATER SYSTEM	
12. AREAS AFFECTED BY PRO	ASTE DISTOSAL LOAK	Y GRANI TROBRAT	140001/5	MENTS FOR THE	:
	·	ntes, etc.):			•
YOLO COU	INTY, CA		COMMUNI	TY OF ESPARTO	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project	1	
FALL 03 DEC. 04	2 ND CONGRESSION	VAL DISTR. OF CA.	(SAME	<u> </u>	
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STA	TE EXECUTIVE
	Ι σ	00	ORDER 12372 PF	ROCESS?	
a. Federal	\$ 1,436,	216	VED THE BOY	APPLICATION/APPLICATION WA	DP MADE
b. Applicant	S	Q0		E TO THE STATE EXECUTIVE O	i
		•		FOR REVIEW ON:	1.021.12012
c. State	\$	Gü	DATE J	ULY 10, 2003	
d. Local	\$	90	DAIL	man sama and a sama and a management of the same and a same	
			b. No. 🔲 PROGRA	AM IS NOT COVERED BY E. O. 1	12372
e. Olher	\$,0g ,	OR PROC	GRAM HAS NOT BEEN SELECTI	ED BY STATE
			FOR REV	/IEW	
f. Program Income	\$ 0	. 90	17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDE	RAL DEBT?
g. TOTAL	5 1,436,2	216	Yes If "Yes,"	attach an explanation.	No No
18 TO THE BEST OF MY KNOW				ION ARE TRUE AND CORRECT	
				HE APPLICANT WILL COMPLY	
ATTACHED ASSURANCES IF			- ALLENDARI AND IT	IN ALL CONTENTION OF THE CONTENT	1 01 7 1 1 1 1 1 1 hm
a. Type Name of Authorized Repl	resentative	b. Title	/-	c. Telephone Number	
David M. Herb		GENERAL MANAG	ER/SUPERINT.	(530) 787-4502	
d. Signature of Authorized Repre-	sentative/			e. Date Signed	
Maria M.	HUMA			7/10/03	
Previous Edition Usable	. .			Standard Form 424 (F	,
Authorized for Local Reproduction	٦			Prescribed by OMB Ci	rcular A-102

APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED	3	Applicant Identifier
1. TYPE OF SUBMISSION;		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication		0/11.2	State Application (definite)
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	Non-Construction			
5. APPLICANT INFORMATION			***************************************	
Legal Name:	· · · · · · · · · · · · · · · · · · ·		Organizational Unit:	
ESPARTO COMMUN		ISTRICT		OMMUNITY SERVICES DISTRICT
Address (give city, county, State	e, and zip code):		Name and telephone	number of person to be contacted on matters involvir
P.O. BOX 349	ur Ecanama	A 65.27 .2.15	this application (give a	HERBST, GEN. MNGR. /SUPERIN
16960 YOLO A		# 73621-0349		
6. EMPLOYER IDENTIFICATIO			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
94-6000	5 4 8			
			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:		C F D W G	B County	I. State Controlled Institution of Higher Learning
☑ Nev	v Continuation	Revision	Cl Municipal	J. Private University
If Davisian Later numerical late	(2) 2 2 1 1 1 1 1 1 1 1		D Township	K. Indian Tribe
If Revision, enter appropriate let	ter(s) in box(es)		E triterstate	L. Individual
A. Increase Award B. Dec	crease Award C Increase	JUL 1 0 2003	F. Intermunicipal	M. Profit Organization
D. Decrease Duration Other		Duration . S = 500	G.Special District	N. Other (Specify)
D. Decrease Duration Other	specify).		9. NAME OF FEDERA	A ACENCY.
	CTATE	CI FARING HO		
		LULLANINU HL		GRICULTURE - RURAL DEV'MI
				UTILITIES SERVICE
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:		LE OF APPLICANT'S PROJECT:
	Γ	10-760		Y DOMESTIC WATER
146	ta ama Desperant L		SYSTEM 1	IMPROVEMENTS FOR THE
TITLE: WATER & M	MASIE WISPOSAL LOAN	G GRANT TROGRAM	CAMMUNI	TY OF ESPARTO
		tes, etc.):	Cartion	i, or Louise.
YOLO COU	NTY, CA.			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:		•
Start Date Ending Date	a. Applicant		b. Project	
FALL '03 DEC. '04	2 M2 CONGRESSION	7 00	SAME	1
15. ESTIMATED FUNDING:	L - LONGRESSION	AL DISTR. OF LA.		
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE
a Fadard		00	ORDER 12372 PR	OCESS?
a. Federal	3,938,	285		
b. Applicant	\$	CO		PPLICATION/APPLICATION WAS MADE
о. Аррисан		,		TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$	00	PROCESS I	FOR REVIEW ON;
2.2.0		,	DATE J	ULY 10, 2003
d. Local	\$	00	DATE	
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e, Other	\$	00		GRAM HAS NOT BEEN SELECTED BY STATE
-, -,,,-,	ľ		FOR REVI	
f. Program Income	S _	09	OTTE	16. TV
rogram moone	ı o		17 IS THE ADDITION	T DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 0	00		
<u> </u>	3,938,2	285	Yes If "Yes," a	ttach an explanation. No
18. TO THE BEST OF MY KNOV			TION/PREAPPLICATI	ON ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOV	ERNING BODY OF THE	APPLICANT AND TH	E APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				
a. Type Name of Authorized Repr	esentative	b. Title	,	c. Telephone Number
David M. Herbs	t l	GENERAL MANA 66		(530) 787-4502
d. Signature of Authorized Repres	sentative / / ,			e. Date Signed
* ains In	Hullet			7/10/03
revious Edition Usable				Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduction	n			Proceedings by OMP Circular A 103

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Ide	ntifier
		June 16,	2003	54-7	1860 Cutler-Orosi
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Applica	
	D	J. DATE RECEIVED B	I OIAIL	Otate Applica	don identifier
Application Construction	Preapplication Construction	4 DATE DECENTED DA	/ FEDERAL ACENON	 	
		4. DATE RECEIVED BY	FEDERAL AGENCY	rederal ident	mer
Non-Construction	Non-Construction	<u> </u>			
5. APPLICANT INFORMATION			10		
Legal Name:			Organizational Unit:		
Cutler-Orosi	Joint Unified	School Dis		distri	ot
Address (give city, county, State,	ana zip coae):		1	•	on to be contacted on matters involving
41855 Roa	d 128		this application (give a	rea code)	
Orosi, CA	93647		Carolyn Ke	ehrli	559-528-6949
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA		
77-0565	3 2 6				· [
	13 2 0		A. State	H. Independe	nt School Dist.
8. TYPE OF APPLICATION:			B. County	•	olled Institution of Higher Learning
	☐ Continuation	Revision	C. Municipal	J. Private Uni	
New	☐ Continuation	☐ Kealgion	D. Township	K. Indian Trib	e
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
			F. Intermunicipal	M. Profit Orga	nization
	rease Award C. Increase specify):	Duration	G. Special District	N. Other (Spe	cify)
			9. NAME OF FEDERA	AL AGENCY:	
			USDA Re	developm	ent- Rural
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLI	CANT'S PROJECT:
TITLE: Communi	ty Facilities JECT(Cities, Counties, Sta	10 - 7 6 6 s tes, etc.):	Computer Education	build: on Cente	r RECEIVED
Orosi, Cutler	. Yettem - Tu	lare County			JUI 0 9 2003
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS				JUL U 9 2003 .
To The Cold Thousand	17. CONCINEDOIONAL DIC	JIMOTO OI .			·
Start Date Ending Date	a. Applicant		b. Project		STATE CLEARING HOUSE
	21st		21st	1	OTATE OLLAHING HOUSE
9/03 12/03 15. ESTIMATED FUNDING:	4100	· · · · · · · · · · · · · · · · · · · 		SUBJECT TO	REVIEW BY STATE EXECUTIVE
			ORDER 12372 PR		THE THE PARTY OF T
a. Federal	\$	00	ORDER IZOIZI	OOLOO	
		a E	a. YES, THIS PREA	PPLICATION/	APPLICATION WAS MADE
b. Applicant	25, 1	33.			TE EXECUTIVE ORDER 12372
. , , ,	20,5	65	1	FOR REVIEW	
c. State	\$.00			
			DATE Ju	ne 16,	2003
d. Local	\$.	.00			
			b. No. 🔲 PROGRA	M IS NOT CO	VERED BY E. O. 12372
e. Other	\$.00	☐ OR PROC FOR REV		T BEEN SELECTED BY STATE
f. Program Income	\$.00			
70711			17. IS THE APPLICAN	AL DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 45,7	•	Yes If "Yes," a	attach an expl	anation. 🔀 No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	/LEDGE AND BELIEF, ALL AUTHORIZED BY THE GO	DATA IN THIS APPLIC VERNING BODY OF TH			•
a. Type Name of Authorized Repr	esentative	b. Title		c. Telephone l	Number
· · · · · · · · · · · · · · · · · · ·		Superinten	dent	559_51	28-4763
Frank N. Murp d. Signature of Authorized Repres	sentative			e. Date Signe	
<u>'</u>		usly		June	16. 2003
Previous Edition Usable	/ /	/ / / -			ndard Form 424 (Rev. 7-97)
Authorized for Local Reproduction	1	/ \/			scribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information 1. Name and Address Legal Name: _All Tribes American Indian Charter School	Organizational Unit
Address: _34320 Valley Center Road	
P.O. Box 1432	
Valley Center	CASan Diego 920821432 State County ZIP Code + 4
2. Applicant's D-U-N-S Number \[\[0 \] \] 3 \[\] 1 \[\] 6 \[\] 2 \[\] 8 \[\] 6 \[\] 5 \[\] 9	6. Novice ApplicantYes _XNo
3. Applicant's T-I-N \[3 \[\] 3 \[\] - \[0 \[\] 9 \[\] 1 \[\] 9 \[8 \[\] 2 \[\] 9 \[\]	7. Is the applicant delinquent on any Federal debt?Yes _XNo
4. Catalog of Federal Domestic Assistance #: 843 _4 _1_	(If "Yes," attach an explanation.) _
Title:Community Technology Centers Program	8. Type of Applicant (Enter appropriate letter in the box.) K
5. Project Director:Mary Ann Donohue Address: 34320 Valley Center Road	D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
	JUL 0 9 2003
Application Information 9. Type of Submission: -PreApplication -Application Construction Construction Non-Construction Non-Construction	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) _X_ No (Go to item 13.) 12a. Are all the research activities proposed designated to be
10. Is application subject to review by Executive Order 12372 process? _x_Yes (Date made available to the Executive Order 12372 process for review):7_/7_/03	
No (If "No," check appropriate box below.)	_x No (Provide Assurance #):
Program is not covered by E.O. 12372.	13. Descriptive Title of Applicant's Project:
Program has not been selected by State for review 11. Proposed Project Dates: 9 / 15 / 03 5 / 31 / 04 Start Date: End Date:	Technology to the Reservation
	resentative Information y knowledge and belief, all data in this preapplication/application are true
14a. Federal \$\$ 204,100 00 and correct. The	e document has been duly authorized by the governing body of the applicant
b. Applicant \$\$ 226,000 00 and the applicant	at will comply with the attached assurances if the assistance is awarded.
-	sentative (Please type or print name clearly.)
d. Local \$00Mary Ann Done	ohue
e. Other \$ 00 b. Title:Administ	strator
	495982 Fax #: (760) _7494153
_	ataics@aol.com
g. TOTAL \$\$ 430,100 00 e. Signature of Author	novized Representative

Application for Federal Assistance		2. DATE SUBMITTED:	Appli antifier			
1. TYPE OF SUBMISSION	T	3. DATE RECEIVED BY STATE	State Application Identifier			
	. ,	B. DATE RECEIVED BY STATE	State Application Identifier			
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
✓ Non-construction	Non-construction					
5. APPLICANT INFORMATION						
Legal Name:	State of California	Organizational Unit:	Department of Health Services			
		Name and telephone number of the person to be contact	ted on matters involving this application (give area code)			
601 North 7th Street						
P.O. Box 942732		Glenn	n Takeoka (916) 327-1053			
Sacramento, CA94234-732	20		(,,,			
6. EMPLOYER IDENTIFICATION N	NUMBER (EIN):	7. TYPE OF APPLICANT: (enter appropriate letter he	ere) A			
68-	-0317191	A. State	H. Independent School District			
8. TYPE OF APPLICATION:		B. County	I. State Controlled Instituion of Higher Learning			
✓ New Continuation	on Revision	C. Municipal	J. Private University			
If Revision, enter appropriate letter(s) is	n box(es)	D. Township	K. Indian Tribe			
A. Increase Award	B. Decrease Award	E. Interstate	L. Individual			
C. Increase Duration	D. Dedrease Designation	F. Intermunicipal	M. Profit Organization			
Other Specify:	D. Declease RECEIVE	G. Special District	N. Other (Specify):			
	JUL 0 9 ZUC	NAME OF FEDERAL AGENCY:				
		U. S. Env	ironmental Protection Agency			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUM TITLE: BEACH 12. AREAS AFFECTED BY PROJECT	CT (cities, counties, states, etc.)	Implementation of Water Quality Mon	ect: nitoring and Public Notification Programs			
	nia Coastal Counties					
13. Proposed Project:	- ID.	14. CONGRESSIONAL DISTRICT OF:	T			
Start Date	End Date	a. Applicant: Department of Health Services	b. Project State of California Coastal Areas			
		Department of Health Services 16. IS APPLICATION SUBJECT TO RE	VIEW BY STATE EXECUTIVE ORDER			
		12372 PROCESS?	VIEW DI STATE BALCOTTE ORDER			
15. Esimated Funding:		a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO				
a. Federal	\$ 532,164	THE STATE EXECUTIVE ORDER 1	12372 PROCESSES FOR REVIEW			
b. Applicant	\$ -	ON: «				
c. State	\$ -	DATE: May 30, 2003				
d. Local	\$ -	b. NO.				
e. Other: 1:1 Match	\$	PROGRAM IS NOT COVERE	D BY E.O. 12372			
f. Program Income		OR PROGRAM HAS NOT BE	EEN SELECTED BY STATE FOR REVIEW			
g. TOTAL	\$ 532,164					
			No RE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY ITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed name of A	Authorized Representative.	b. Title	c. Telephone Number			
	ouleles, M.P.H.	Chief Deputy Director				
d Signature of Auth	horized Representative	Cinci Deputy Director	e. Date Signed			
17-1	Sull		(916) 657-1425 e. Date Signed			

APPLICATION F	OR			OMB Approval No. 0348-004
FEDERAL ASSI	STANCE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SUBMISSIO	N:	3. DATE RECEIVED B	Y STATE	State Application Identifier
Application	Preapplication			J
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5, APPLICANT INFORM, Legal Name:	ATION		Orangizational Heir	
	ional (Hartline Proper	ties) P D N/ B	Organizational Unit:	
Address (give city, county		世 18 11 18 18	Name and telephone	number of person to be contacted on matters involving
5609 Odea Drive	s. Sacramento, Californ	rnia 95824-1023	this application (give to Georgia Mille	erea code) er (562) 9161421
6. EMPLOYER IDENTIFE	CATIO I HUMBER (EIN)	JUL = 7_(M)	7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)
				M
		PALEADINAHA	1 % post	H. Independent School Dist.
B. TYPE OF APPLICATION	(2) 11 11 1	CALEANINALIA	B. County	I. State Controlled Institution of Higher Learning
[New Continuation	Revision	C. Municipal	J. Private University K. Indian Tribe
If Revision, enter appropr	into lett vr(s) to bov(ss)		D. Township E. Interstate	L. Individual
r ivension, citter appropr	Bie ien x(s) in box(os)		F. Intermunicipal	M. Profit Organization
A. Increase Award	B. Decrease Award C. Incre	ase Duration	G. Special District	N. Other (Specify)
D. Decrease Duration	Other(hipsicity):			The state of the s
	, , , , , , , , , , , , , , , , , , , ,		9. NAME OF FEDER	AL AGENCY:
			Department of H	lousing & Urban Development
10. CATALOG OF FEDE	RAL DOMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE T	TLE OF APPLICANT'S PROJECT:
	1	1 4 - 1 3 5	Acadmont come	olex - 9 3 bedrooms, 2-bath townhouses.
Sect	ion 221d4			spaces, to be located at 8040 and 8048
	ge Inc. Rental Hgs - Mode			acramento, California 95828.
12. AREAS AFFECTED	BY PROJECT (Cities, Counties,	States, etc.);	, agasta vaj, s	
Sacramento, Sacrar	mento County, California			
13. PROPOSED PROJE	T 14. CONGRESSIONAL	DISTRICTS OF:		
Start Date Ending I	Date a. Applicant		b. Project	
1/3/04 1/4/	1 5	5	, in the second	ેષ 5
15. ESTIMATED FUNDIN			18.13 APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 P	ROCESS?
a. Faderal	\$	350,000	* ·	i
		750,000		APPLICATION/APPLICATION WAS MADE
b. Applicant	J ,	153,231		E TO THE STATE EXECUTIVE ORDER 12372
		193,231	PROCESS	FOR REVIEW ON:
c. Slate	1	, (a)		6-10-03
		.00	- DATE	<u> </u>
d. Local	3 :	• • • •	NO TIPPOGE	AM IS NOT COVERED BY E. O. 12372
e, Other	5	<u>}60</u>		GRAM HAS NOT BEEN SELECTED BY STATE
6, O(1 6)	4	•	FOR RE	
f. Program Income	5	,œ		
•		•	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEST?
g. TOTAL	3:	903,231	Yes If "Yes,"	altach an explanation.
48 TO THE DEST OF Y	A KNOW EDGE AND BELLET		CATION/DEADDI ICA	TION ARE TRUE AND CORRECT. THE
				THE APPLICANT WILL COMPLY WITH THE
	CES IF THE ASSISTANCE IS A		IIW AI I EIGART ARD	TENT CONT. WISE COME OF WITH THE
a. Type Name of Authoriz		b. Tille		c. Telephone Number
John H. Hart, Sr.	ii - · · · a pri · a · · arriam · · · · · · · · · · · · · · · · · · ·	General Manager		(919) 428-6916
d. Signature of Authorize	d Representative			a. Date Signed
- (\ 1)	'			(I) 4 2 no 2

07/10/03 10:53 FAX 15628097327

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

Previous Edition Usable

U.S. Department of Education Application for Federal Form Approved OMB No. 1875-D106 Exp. 11/30/2004 Education Assistance (ED 424) Applicant Information Organizational Unit 1. Name and Address Legal Name: City of Richmond Employment and Training 2003 JULDepartment/YouthWORKS Address: 330 25th St 94804 Contra Costa CA LIAHOE MICAD Richmond ZIP Cpde + 4 State 1000 County Clty 5 8 0 6. Novice Applicant 2. Applicant's D-U-N-S Number 3. Applicant's T-I-N 9 3 4 0 7. Is the applicant delinquent on any Federal debt? (If "Yes," attach an explanation.) 4. Catalog of Federal Domestic Assistance #: 8 Title: Community Technology Center 8. Type of Applicant (Enter appropriate letter in the box.) G Public College or University 5. Project Director: Tamara Walker A State H Private, Non-Profit College or University B Local Address: 330 25th St Non-Profit Organization C Special District 94804 -Private, Profit-Making Organization Richmond D Indian Tribe ZIP Code + 4 State City E Individual K Other (Specify): Fax #: (510) 235-4384 Local Government Tel, #:_(510) 965-9201 F Independent School District E-Mail Address: rchyouth@aol.com Application Information 12. Are any research activities involving human subjects planned at any time 9. Type of Submission: during the proposed project period? -Application -PreApplication Yes (Go to 12a.) Vo (Go to item 13.) Construction Construction Non-Construction Non-Construction 12a. Are all the research activities proposed designated to be exempt from the regulations? 10. Is application subject to review by Executive Order 12372 process? Yes (Provide Exemption(s) #): Yes (Date made available to the Executive Order 12372 No (Provide Assurance #): process for review): 7/7/2003 13. Descriptive Title of Applicant's Project: West County Youth Community Technology Center Project No (If "No." check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. End Date: Start Date: 6/30/2004 7/1/2003 11. Proposed Project Dates: Authorized Representative Information Estimated Funding 15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and 495,890.00 14a. Federal the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) 335,000.00 b. Applicant Upcsi Mtambuzi \$ 90,000.00 c. State Employment and Training Director 10,000.00 \$ d. Local (510) 307-8072 (510) 307-8015 Fax#: c. Tel.#:_ 67,500.00 e. Other d. E-Mall Address: umtambuzi@richmondworks.org f. Program Income 7/2/2003 Date: Signature of Authorized Representative 998,390.00 q. TOTAL

FEDERAL ASSISTAI	NCE	2. DATE SUBMITTED		Applicant Identifier
		1 Aug 21, 2	.002	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier
Application	Preapplication			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION				
Legal Name: Southern	I Low Desert		Organizational Unit:	
Resource	Conservation + D	evelopment Council	1 Non-Pi	rofit.
Address (give city, county, State,	and zip code):		Name and telephone r	number of person to be contacted on matters involving
53-990 Enterpri	ise way F	O E I W E	this application (give a	rea code)
Suite 6B		GEIVE	Sam Cob	
Coachella, CA	9223(4)		1160-391-	
6. EMPLOYER IDENTIFICATION		*** ****	TYPE OF APPLICA	NT: (enter appropriate letter in box)
0.1-05148	550	JUL - 7 2003		
8. TYPE OF APPLICATION:			A. State	H. Independent School Dist.
			B. County 6.†Municipal	I. State Controlled Institution of Higher Learning
New	Continuenton	ECLEARNING HO	9. Township	J. Private University K. Indian Tribe
If Revision, enter appropriate lett		- OLLIMITO ITO	E. Interstate	L. Individual
The rest of the separate rest		• •	F. Intermunicipal	M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District	(N)Other (Specify) NON - Profit
D. Decrease Duration Other(specify):			(C) C (C) C (C) (C
			9. NAME OF FEDERA	AL AGENCY:
3 12				
10. CATALOG OF FEDERAL DE	OMESTIC ASSISTANCE NI	UMBER:	11 DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:
	-			
		10-901	Intormat	ion and Education
TITLE:				• • •
12. AREAS AFFECTED BY PRO			Program.	0
Riverside, Imperi	al, and San Die	go County	V	
	(J	<u> </u>	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
8-21-02 12-30-03				
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
		*	ORDER 12372 PR	
a. Federal	Ts	60	0	,
	λ :	5.000	a. YES. THIS PREA	PPLICATION/APPLICATION WAS MADE
b. Applicant	S	00		TO THE STATE EXECUTIVE ORDER 12372
				FOR REVIEW ON:
c. State	S			
			DATE	·
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- Oh		. 00		M IS NOT COVERED BY E. O. 12372
e. Other	S	.**	☐ OR PROC	GRAM HAS NOT BEEN SELECTED BY STATE
1 Day and I was		00	FOR REV	'IEW
1. Program Income	S	•		1-
g. TOTAL	ls o	00	17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	2	5,000	Yes If "Yes," a	attach an explanation.
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DOCUMENT HAS REEN DILLY	'AUTHORIZED BY THE OF	NEDNING PODV OF TH	A HUMPHEAPPLICAT	TON ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AW!	ARDED.	E AFFLICANT AND IF	E APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title		C. Tolophono Number
Thomas Burgin		President		c. Telephone Number
d. Signapure of Authorized Repre		110310611		760 - 347 - 4799 e. Date Signed
thow !				8-2/-2002
revious Edition Usable				Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduction	חכ			Prescribed by OMR Circular A-102

Prescribed by OMB Circular A-102

ICATION FOR	2. DATE SUBMITTE	111 1117	Applicant Identifier	
RAL ASSISTANCE	June	24, 2003	State Application Identifier	
	3. DATE RECEIVED			
OF SUBMISSION: Preapplication	ion	BY FEDERAL AGENCY	Federal Identifier	
cation	4. DATE RECEIVED	, , , , , , , , , , , , , , , , , , , ,		
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- 11	1 10301	Name and	telephone number of person to be ation (give area code)	
vame. Octave, and zi	p code):	I this applic	ation (give are	
rado enterprise	no.A	Saw	Cobb	
cte 6-6	2236	760	- 391-9002 OF APPLICANT: (enter appropriate letter	in box)
richella, OT		7. TYPE C		1
PLOYER IDENTIFICATION (EIN)	110 5 5	A. Sta	H. Independent Schoo	l Dist. stitution of Higher Learning
DIT - 05	48550	B. Cou	illity i private University	
		D. Tov	vnship K. Indian Tibe L. Individual	n Parkit
PE OF APPLICATION:	Continuation R	evision = 1-to	rmunicipal M. Profit Organization N. Other (Specify)	Won-Profit
New	A	G: Spe	rcial District (N.) Other (Specify)	
tate lotter(s)	in OFFE G			
evision, enter appropriate letter(s)	IIII - B			
A. Increase Award B. De	Clease			
D. Decrease Duration Other	(specify):	UL - 7 49 NAMI	E OF FEDERAL AGENCY:	
		7117111	SCRIPTIVE TITLE OF APPLICANT'S PRO	DJECT:
	- COUSTANCE NUMBER	CI FARIN 11, DE	scriptive title of applicant's proformation and Educ	ation Program
. CATALOG OF FEDERAL DOME	STIC ASSISTANCE OF THE	TTT IN.	formation and	
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TITLE: 2. AREAS AFFECTED BY PROJE	ECT (Cities, Counties, States, etc.) n Riverside Count	ex. all ob		
TITLE: 2. AREAS AFFECTED BY PROJE Central and Easter Importal County as	I Eastern San Dleyo	Cainty.		
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Imperial and Easter Imperial County of 13. PROPOSED PROJEC Start Date Ending Date	T 14. CONGRESSIONAL a. Applicant	Cainty.	b. Project 16. IS APPLICATION SUBJECT TO RE	VIEW BY STATE EXECUTIVE
Imperial and Easter Imperial County of 13. PROPOSED PROJEC Start Date Ending Date	T 14. CONGRESSIONAL a. Applicant	Cainty.	b. Project 16. IS APPLICATION SUBJECT TO REVORDER 12372 PROCESS?	VIEW BY STATE EXECUTIVE
13. PROPOSED PROJECT Frair Date Ending Date (6-24-03)	ESTIMATED FUNDING	Cainty.	b. Project 16. IS APPLICATION SUBJECT TO REORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION.	VIEW BY STATE EXECUTIVE VAPPLICATION WAS MADE ATE EXECUTIVE ORDER
Imperial and Easter Imperial County of 13. PROPOSED PROJEC Start Date Ending Date	T 14. CONGRESSIONAL a. Applicant	Cainty.	b. Project 16. IS APPLICATION SUBJECT TO RE	VIEW BY STATE EXECUTIVE VAPPLICATION WAS MADE ATE EXECUTIVE ORDER
13. PROPOSED PROJECT Start Date (6-24-03) a. Federal	Eastern Sin Diego T 14. CONGRESSIONAL a. Applicant ESTIMATED FUNDING \$ 15,000	Cainty.	b. Project 16. IS APPLICATION SUBJECT TO REORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION.	VIEW BY STATE EXECUTIVE VAPPLICATION WAS MADE ATE EXECUTIVE ORDER
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13. PROPOSED PROJECTION Date (-24-03) 15. a. Federal b. Applicant c. State d. Local e. Other f. Program Income	Estern Sin Diego T 14. CONGRESSIONAL a. Applicant ESTIMATED FUNDING \$ 15,000 \$ \$ \$ \$ \$	DISTRICTS OF:	b. Project 16. IS APPLICATION SUBJECT TO REPORT 12372 PROCESS? a. YES. THIS PREAPPLICATION AVAILABLE TO THE STATE PROCESS FOR FOR PROGRAM IS NOT OR PROGRAM HASTATE FOR REVIEW TO THE APPLICANT DELINQUEN YES (Attach explanation)	VIEW BY STATE EXECUTIVE VAPPLICATION WAS MADE ATE EXECUTIVE ORDER REVIEW ON: COVERED BY E.O. 12372 S NOT BEEN SELECTED BY EW T ON ANY FEDERAL DEBT? NO PLICATION ARE TRUE AND THE APPLICANT AND THE APPLICANT AND COUNTY OF T
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13. PROPOSED PROJECTION TO START Date Ending Date (-)4-03 15. a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. Total 18. TO THE BEST OF CORRECT, THE DOC APPLICANT WILL COMB.	Estem Sin Diego T 14. CONGRESSIONAL a. Applicant ESTIMATED FUNDING \$ 15,000 \$ \$ \$ \$ \$ WY KNOWLEDGE AND EUMENT HAS BEEN DULY WITH THE ATTACH Representative S. Burgin	DISTRICTS OF:	b. Project 16. IS APPLICATION SUBJECT TO REPORT 12372 PROCESS? a. YES. THIS PREAPPLICATION AVAILABLE TO THE STATE PROCESS FOR FOR PROGRAM IS NOT OR PROGRAM IS NOT OR PROGRAM HASTATE FOR REVIEW OF THE APPLICATION/PREAPPLY THE GOVERNING BODY OF IF THE ASSISTANCE IS AWASTATE FOR STATE FOR PROGRAM IS NOT OR PROGRAM HASTATE FOR REVIEW OF THE APPLICATION/PREAPPLY THE GOVERNING BODY OF IF THE ASSISTANCE IS AWASTATE FOR STATE FO	VIEW BY STATE EXECUTIVE VAPPLICATION WAS MADE ATE EXECUTIVE ORDER REVIEW ON: COVERED BY E.O. 12372 S NOT BEEN SELECTED BY EW T ON ANY FEDERAL DEBT? NO PLICATION ARE TRUE AND THE APPLICANT AND THE APPLICAN

PRIAWard # V341A030107

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information 1. Name and Address			Organizational Unit
Legal Name: Coast Community College Dis	trict.		COASTLINE COMMUNITY COLLEGE
Address: Coastline Community College			
11460 Warner Avenue	Management		
Fountain Valley City		CA Orang State County	
2. Applicant's D-U-N-S Number 0 8 1 8	1 5 6 5 6	6. Novice Applic	antYes _X_No
3- Applicant's T-1-N 9 5 - 6 0 0	2 2 7 2		t delinquent on any Federal debt? Yes X No
4. Catalog of Federal Domestic Assistance #: 8	4.3 4 1	property property and the second	
Title: Community Technology Centers Prog		81/Type of Applic A - State 7 2003 - Local	F - Independent School District G - Public College or University
5. Project Director: <u>Dr. Chet Platt</u> Coastline Community College Address: <u>11460 Warner Avenue</u>		C - Special University I - Non-pro	District H - Private, Non-profit College or D - Indian Tribe [it Organization]
Fountain Valley CA City State	Zip code + 4	RING E Individu	
Tel. #: (714) <u>546</u> - <u>7600 x17301</u> Fax #	£ (714) <u>241</u> - <u>6187</u>		
E-Mail Address: cplatt@cccd.edu			
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction Non-Construction X_Non-Cons		any time dur Yes (Go	rch activities involving human subjects planned at ing the proposed project period? to 12a.) X No (Go to item 13.) the research activities proposed designated to be
10. Is application subject to review by Executiv X Yes (Date made available to the Exe process for review): 07/03/2003	cutive Order 12372	exemp	ovide Exemption(s) #):
No (If "No," check appropriate box		No (Pro	ovide Assurance #):
Program has not been sel	y E.O. 12372.	13. Descriptive T	itle of Applicant's Project:
11. Proposed Project Dates: 10 / 01 / 2003 Start Date:	09 / 30 / 2004 End Date:	COMMUNITY T	ECHNOLOGY CENTER - COSTA MESA
Estimated Funding	Authorized Represe		ion data in this preapplication/application are true
14a. Federal \$ 400,000 . 00	and correct. The doc	ument has been duly a	uthorized by the governing body of the applicant
b. Applicant \$ 195,687 .00	and the applicant wil	l comply with the atta	ched assurances if the assistance is awarded.
c. State \$ 00	a. Authorized Representat	tivo (Please type or pr	int name clearly.)
d. Local \$ 00	William M. Vega		
e. Other \$ <u>222,702</u> . 00	b. Title: Chancellor		
f. Program Income \$ 00	c. Tel. #: (714) <u>438 - 48</u>	88 Fax #: (714)	<u> 138 – 4882 </u>
	d. E-Mail Address: bvega	a@cccd.edu	
g. TOTAL \$ 818,389.00	e. Signature of Authorize	ed Representative	Ce for DR. Vog 07/02/2003

PART I - FACE SHEET

R4

2a. DATE SUBMITTED TO CORPORA	TION 3 DATE BEC	EIVED BY STATE:		Non-Construction
FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	A DATE REC	CIVED BY SIAIC		STATE APPLICATION IDENTIFIER:
07/03/03	-			
D. APPLICATION ID:	4. DATE REC	EIVED:		GRANT NUMBER;
03\$R035902	07/03/03		N.,	
APPLICATION INFORMATION	1 , , , , , , , , , , , , , , , , , , ,			
EGAL NAME: Lifepen Foundation Fo	r Human services		PERSON TO BE	NTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER CONTACTED ON MATTERS INVOLVING THIS APPLICATION (A)
DDRESS (give street address, city, s	state and 30 code):		NAME: Richard	
660 Pisseo Street	DEGE		lh l l	MBER: 805-544-8740
San Luis Oblapo CA 93401	1 G B	b U V D	FAX NUMBER:	
	1121		1111-1-1	il ADDRESS: ravpslo@sbcglobal.net
. EMPLOYER IDENTIFICATION NUM	ABER ((E)K):	- 7 2003	7, TYPE OF APP	
770433542		, pan	76. Federal Gover	
. TYPE OF APPLICATION:	-		Community-B	tagement Organization med Organization
	CLE	ARING HOL	ISE	
REVISION				
Revision, enter appropriate letter(s)	in bax(es):		,	
. Increese Award . B. Decrees	e Award C. Increa	se Duration		
D. Decrease Duration				
			9 NAME OF FED	DERAL AGENCY:
				ion for National and Community Service
Da. CATALOG OF FEDERAL DOMES	TIC ASSISTANCE NUMB	FR: 94 002	Corporat	
		ER: 94.002	Corporat	ETITLE OF APPLICANTS PROJECT:
Ob. TITLE: Retired and Senior Volunt	eer Program	manage of grand managers and a common	Corporat	ETITLE OF APPLICANTS PROJECT:
On. CATALOG OF FEDERAL DOMES' Ob. TITLE: Retired and Senior Volunt 2. AREAS AFFECTED BY PROJECT	eer Progrem (Uet Cities, Counties, Sta	Mes, e(c);	Corporat	ETITLE OF APPLICANTS PROJECT:
Ob. TITLE: Retired and Senior Volunt	eer Progrem (Uet Cities, Counties, Sta	Mes, e(c);	Corporat	ETITLE OF APPLICANTS PROJECT:
Db. TITLE: Retired and Senior Volunt 2. AREAS AFFECTED BY PROJECT Sen Luía Obiapo and northern Senta B	eer Program (Uni Cilina, Countina, Sta arbana counties of California	Mes, ∉(c);	Corporat 11. DESCRIPTIVI Control Cossi	ETITLE OF APPLICANT'S PROJECT: RSVP
2b. TITLE: Retired and Senior Volunt. 2. AREAS AFFECTED BY PROJECT. Sen Luía Obiapo and northern Senta B. 3. PROPOSED PROJECT: START DA	eer Program (Uni Cilina, Countina, Sta arbana counties of California	Mes, e(c);	11. DESCRIPTIVI Central Coast 14. PERFORMAN	ETITLE OF APPLICANT'S PROJECT: REVP CE PERIOD: START DATE: 06/14/03 END DATE: 03/31/04
20. TITLE: Retired and Senior Volunt. 2. AREAS AFFECTED BY PROJECT. Sen Luía Obiapo and nombem Senta B. 3. PROPOSED PROJECT: START DA. 5. ESTIMATED FUNDING;	eer Program (Unit Cities, Counties, Ste arbans counties of California NTE: 06/14/03 END	Mes. €(c); 1 1 DATE: 03/31/04	11. DESCRIPTIVI Central Coast 14. PERFORMAN	ETITLE OF APPLICANT'S PROJECT: REVP CE PERIOD: START DATE: 06/14/03 END DATE: 03/31/04 ON SUBJECT TO REVIEW BY STATE EXECUTIVE
2. AREAS AFFECTED BY PROJECT Sen Luía Obiapo and nombem Senta B 3. PROPOSED PROJECT: START DA 5. ESTIMATED FUNDING; 4. FEDERAL	eer Program (Uni Cilina, Countina, Sta arbana counties of California	Mes. €(c); 1 1 DATE: 03/31/04	11. DESCRIPTIVI Central Coest 14. PERFORMAN 18. IS APPLICATI ORDER 12372 PF	ETITLE OF APPLICANT'S PROJECT: REVP CE PERIOD: START DATE: 06/14/03 END DATE: 03/31/04 ON SUBJECT TO REVIEW BY STATE EXECUTIVE
20. TITLE: Retired and Senior Volunt. 2. AREAS AFFECTED BY PROJECT. Sen Luía Obispo and nombem Senta B. 3. PROPOSED PROJECT: START DA 6. ESTIMATED FUNDING;	eer Program (Unit Cities, Counties, Ste arbans counties of California NTE: 06/14/03 END	Mes. ●(c); • DATE: 03/31/04	14. PERFORMAN 18. IS APPLICATI ORDER 12372 PF X YES, THIS P	ETITLE OF APPLICANT'S PROJECT: REVP CE PERIOD: START DATE: 06/14/03 END DATE: 03/31/04 ON SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? REAPPLICATION/APPLICATION WAS MADE AVAILABLE EXTATE EXECUTIVE ORDER 12372 PROCESS FOR
20. TITLE: Retired and Senior Volunt. 2. AREAS AFFECTED BY PROJECT. Sen Luía Obiapo and northern Senta B. 3. PROPOSED PROJECT: START DA. 3. ESTIMATED FUNDING; 4. FEDERAL	CLUST Cities, Counties, Statement Counties, Statement Counties of California ATE: 06/14/03 END \$ 77.859.00	Mes. €(c);	14. PERFORMAN 18. IS APPLICATI ORDER 12372 PF X YES, THIS P TO THE REVIEW	ETITLE OF APPLICANT'S PROJECT: REVP CE PERIOD: START DATE: 06/14/03 END DATE: 03/31/04 ON SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? REAPPLICATION/APPLICATION WAS MADE AVAILABLE EXTATE EXECUTIVE ORDER 12372 PROCESS FOR
20b. TITLE: Retired and Senior Volunt 2. AREAS AFFECTED BY PROJECT Sen Luía Obiapo and northern Senta B 3. PROPOSED PROJECT: START DA 5. ESTIMATED FUNDING; a. FEDERAL b. APPLICANT	Cut Cities, Counties, Statement Counties, Statement Counties of California LTE: 06/14/03 END \$ 77.859.00 \$ 39,404.00	Mes. •(c); DATE: 03/31/04	14. PERFORMAN 18. IS APPLICATI ORDER 12372 PF X YES, THIS P TO THE REVIEW	ETITLE OF APPLICANT'S PROJECT: REVP CE PERIOD: START DATE: 06/14/03 END DATE: 03/31/04 ON SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? REAPPLICATION/APPLICATION WAS MADE AVAILABLE IS STATE EXECUTIVE ORDER 12372 PROCESS FOR M ON:
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20. TITLE: Retired and Senior Volunt 2. AREAS AFFECTED BY PROJECT Sen Luia Obiapo and northern Senta B 3. PROPOSED PROJECT: START DA 3. ESTIMATED FUNDING: 4. FEDERAL b. APPLICANT c. STATE d. LOCAL e. OTHER 1. PROGRAM INCOME g. TOTAL 3. TO THE BEST OF MY KNOWLEDG ULY AUTHORIZED BY THE GOVER	### Program (Unit Citims, Countins, Statement of California ###################################	Mes. *(c); DATE: 03/31/04 DATE: 03/31/04 DATE: 03/31/04	Corporati 11. DESCRIPTIVI CONTROL COMMITTE 14. PERFORMAN 18. IS APPLICATI ORDER 12372 PF TO THE REVIEW DATE: 17. IS THE APPLI	ETITLE OF APPLICANT'S PROJECT: REVP CE PERIOD: START DATE: 06/14/03 END DATE: 03/31/04 ON SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? REAPPLICATION/APPLICATION WAS MADE AVAILABLE STATE EXECUTIVE ORDER 12372 PROCESS FOR N ON: 07-JUL-03 CANT DELINQUENT ON ANY FEDERAL DEBT? 8 if Yes, sitsich ein explemeton.
20. TITLE: Retired and Senior Volunt 2. AREAS AFFECTED BY PROJECT Sen Luia Obiapo and northern Senta B 3. PROPOSED PROJECT: START DA 5. ESTIMATED FUNDING; 4. FEDERAL 6. APPLICANT 6. STATE 6. LOCAL 7. PROGRAM INCOME 9. TOTAL 8. TO THE BEST OF MY KNOWLEDG ULY AUTHORIZED BY THE GOVERN 6. AWARDED.	### Program (Unit Citims, Countins, Statement of California ###################################	DATE: 03/31/04 DATE: 03/31/04 DATE: 03/31/04 DATE: 03/31/04	Corporati 11. DESCRIPTIVI CONTROL COMMITTED 14. PERFORMAN 18. IS APPLICATI ORDER 12372 PF X YES, THIS P TO THE REVIEL DATE: 17. IS THE APPLICATE PELICANT WILL CO	ETITLE OF APPLICANTS PROJECT: REVP CE PERIOD: START DATE: 06/14/03 END DATE: 03/31/04 ON SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? REAPPLICATION/APPLICATION WAS MADE AVAILABLE STATE EXECUTIVE ORDER 12372 PROCESS FOR NON: 07-JUL-03 CANT DELINQUENT ON ANY FEDERAL DEBT? 8 if Yes, sitsch ein explemeton. X NO TON ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
20. TITLE: Retired and Senior Volunt 2. AREAS AFFECTED BY PROJECT Sen Luia Obiapo and northern Senta B 3. PROPOSED PROJECT: START DA 5. ESTIMATED FUNDING; 4. FEDERAL 6. APPLICANT 6. STATE 6. LOCAL 7. PROGRAM INCOME 6. TOTAL 7. TO THE BEST OF MY KNOWLEDG ULY AUTHORIZED BY THE GOVER 6. AWARDED. TYPED NAME OF AUTHORIZED RE	### Program (Unit Citims, Countins, Statement of California ###################################	DATE: 03/31/04 DATE: 03/31/04 DATE: 03/31/04 DATE: 03/31/04 DATE: 03/31/04	Corporati 11. DESCRIPTIVI CONTROL COMMITTED 14. PERFORMAN 18. IS APPLICATI ORDER 12372 PF X YES, THIS P TO THE REVIEL DATE: 17. IS THE APPLICATE PELICANT WILL CO	ETITLE OF APPLICANT'S PROJECT: REVP CE PERIOD: START DATE: 06/14/03 END DATE: 03/31/04 ON SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? REAPPLICATION/APPLICATION WAS MADE AVAILABLE STATE EXECUTIVE ORDER 12372 PROCESS FOR NON: 07-JUL-03 CANT DELINQUENT ON ANY FEDERAL DEBT? 8 if Yes. sitech an explanation. ION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN MAPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE c. TELEPHONE NUMBER:

APPLICATION FOR				OMB	Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED July 1	, 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION			Ta		
Legal Name: Tipton Community S			Organizational Unit: N/A		1
Address (give city, county, State P.O. Box 266, Tipton, CA 93272 6. EMPLOYER IDENTIFICATION			this application (give a Steven Hunt, 559-752-4182	Sr. 2	
9 4 — 1 5 2 5		- 7 2003 U		ANT: (enter appropriate letter	G
	er(s) in box(es)	ARM Gelf OUSE	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	n of Higher Learning
D. Decrease Duration Other(specify):	*******************************	9. NAME OF FEDERA		
12. AREAS AFFECTED BY PRO Community of Tipton	Community Water Assi DJECT (Cities, Counties, Stat	1 0 — 7 6 3 stance Grants tes, etc.):		TLE OF APPLICANT'S PROJ pad Water Extension Pro	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICIS OF:			
Start Date	a. Applicant 21st- N	Lines	b. Project	04-1-11	
15. ESTIMATED FUNDING:	2 1St- N	unes	16 IS ADDUCATION	21st-Nunes SUBJECT TO REVIEW BY S	TATE EVECUTIVE
10. EUTHATED TONDING.			ORDER 12372 PF		TATE EXECUTIVE
a. Federal	\$	329,720		APPLICATION/APPLICATION	WAS MADE
b. Applicant	\$.00	AVAILABLE	E TO THE STATE EXECUTIV FOR REVIEW ON:	
c. State	\$.00	DATE	07/01/03	
d. Local	\$.00		AM IS NOT COVERED BY E.	O 12372
e. Other	\$.00	4	GRAM HAS NOT BEEN SELE	
f. Program Income	\$.00	17. IS THE APPLICAL	NT DELINQUENT ON ANY FI	EDERAL DEBT?
g. TOTAL	\$	329,720	1	attach an explanation.	☑ No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GOV	VERNING BODY OF TH			
a. Type Name of Authorized Reports	resentative	b. Title President		c. Telephone Number (559) 752-4182	***************************************
d. Signature of Authorized Repre-	sentative	7.30.00.11		e. Date Signed	

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Previous Edition Usable

July 1, 2003 Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

(559)

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information 1. Name and Address	Organizational Unit
Legal Name: <u>Jobs For Progress, Inc. – Fresno County SE</u>	
Address: 407 S. Clovis, Suite 109	JUL -7
	ETATE (TEARING HOUSE)
Fresno City	Fresno 93727
•	State County ZIP Code + 4
. Applicant's D-U-N-S Number 0 4 7 9 0 2 1 1	9 7 6. Novice Applicant Yes X No
. Applicant's T-I-N 9 4 - 2 1 8 8 6 0 9	7. Is the applicant delinquent on any Federal debt? Yes X
. Catalog of Federal Domestic Assistance #: 84. 3 4	(If "Yes," attach an explanation.)
mi.a	
	8. Type of Applicant (Enter appropriate letter in the box.)
	A - State F - Independent School District
. Project Director: Rebecca Mendibles	B - Local G - Public College or University C - Special District H - Private, Non-profit College or University
Address: 407 S. Clovis, Suite 109	D - Indian Tribe 1 - Non-profit Organization
France	The state of Edit Salici
State 7 in code + 4	K - Other (Specify):
Tel. #: (559) 452-0881 Fax #: (559) 452-8038	
E-Mail Address: becki.m@netzero.net	
pulication I. C.	
Application Information Type of Submission:	
-PreApplication -Application	12. Are any research activities involving human subjects planned at
ConstructionConstruction Construction X Non-Construction	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.)
	10- 4 0-4
Is application subject to review by Executive Order 12372 proc	cess? Are all the research activities proposed designated to be exempt from the regulations?
X Yes (Date made available to the Executive Order 1237 process for review): 07 / 07 / 03	Yes (Provide Exemption(s) #):
	No (Provide Assurance #):
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.	
Program has not been selected by State for re	13. Descriptive Title of Applicant's Project: eview.
. Proposed Project Dates: <u>10 / 1 / 03 9 / 30 / 04</u>	SER Rural Community Technology Center Program
Start Date: End Date:	
stimated Funding Authorized R	John March 1. T. C
	Representative Information If my knowledge and belief, all data in this preapplication/application are true
a. Federal \$ 419,336 .00 and correct.	The document has been duly authorized by the governing body of the applicant
Applicant S 33,816	icant will comply with the attached assurances if the assistance is awarded.
State \$ 97,268 .00 a. Authorized Rep	presentative (Please type or print name clearly.)
ocal \$ 30,000 . 00 Rebecca Me	
Other \$ 50,000 . 00 b. Title: <u>Execu</u>	
•	452 - 0881 Fax #: (559) 452 - 8038
d. E-Mail Address	s: becki.m@netzero.net
	uthorized Representative
Liber	me alle Date: 07/07/03

OMB Approval No. 0348-0043 Applicant Identifier 2. DATE SUBMITTED APPLICATION FOR June 27, 2003 FEDERAL ASSISTANCE State Application Identifier 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Application Preapplication ☐ Construction Federal Identifier 4. DATE RECEIVED BY FEDERAL AGENCY ☐ Non-Construction □ Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Port of Oakland Acting by and through its Board of Port Port of Oakland Commissioners Name and telephone number of the person to be contracted on matters involving Address (give city, county, state, and zip code) this application (give area code) 530 Water Street Christina Lee Oakland, CA 94607 (510) 627-1510 7. TYPE OF APPLICANT: (enter appropriate letter in box) EMPLOYER IDENTIFICATION NUMBER (EIN): \mathbf{C} H. Interdependent School District State State Controlled Institution of Higher Learning B. County Private University Municipal C. K. Indian Tribe D. Township 8. TYPE OF APPLICATION: I Individual Interstate M. Profit Organization Intermunicipal Continuation Revision New New Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): Increase Award **B** Decrease Award Increase Duration Decrease Duration Other (specify) 9. NAME OF FEDERAL AGENCY **Federal Aviation Administration** B 10. CATALOG OF FEDERAL DOMESTIC 11. DESCRIPTIVE TITLE OF APPLICANTIS PROJECT: ASSISTANCE NUMBER 0 6 2 2003 13 JUL TITLE: Airport Improvement Sound Insulation Program Program (AIP) 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): STATE CLEARING HOUSE San Francisco Bay Area 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF b. Project Start Date **Ending Date** a. Applicant 4 7 **July 2003** May 2006 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS 15. ESTIMATED FUNDING THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE .00 YES. a. Federal 6,774,905 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON .00 b. Applicant Ś 1,631,728 c. State Ś DATE: June 27, 2003 d. Local \$ NO PROGRAM IS NOT COVERED BY E. O. 12372 e. Other Ś OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program income Ś g. TOTAL .00 8,406,633 Yes If yes, attach an explanation Nο 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS **AWARDED** c. Telephone number a. Typed Name of Authorized Representative b. Title (510) 627-1240 Joseph K. Wong Director of Enginering d. Signature of Authorized Representative e. Date Signed June 27, 2003

Previous Editions Not Usable

APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED July 1,	2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION	Non-construction	<u> </u>		
Legal Name:			Organizational Unit:	
Human Response Ne				
Address (give city, county, State,	and zip code):		1	number of person to be contacted on matters involving
PO Box 2370			this application (give a	nea code)
Weaverville, Trinity C	ounty, CA 96093		Jerry Cousins	s, ex dir, (530) 623-2024
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			ANT: (enter appropriate letter in box)
6 8 — 0 0 3 2	1 7 6		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
New	Continuation	Revision	C. Municipal	J. Private University
New New	Continuation		D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual M. Profit Organization
A. Increase Award B. Deci	rease Award C. Increase	a Duration	F. Intermunicipal G. Special District	N. Other (Specify) Nonprofit
, ii iiio, oado , iiia a	specify):	Contaion	C. Opediai Diamor	TH. Calc. (CPCC.),
`	, ,,		9. NAME OF FEDER	AL AGENCY:
			USDA - Rural De	evelopment
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NI	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
	[10-776	New huilding for	Human Response Network After School
			Program and Yo	
12. AREAS AFFECTED BY PRO	Facility Loan and Gran		1 "	
		nes, etc./.		
Weaverville, Trinity Count	y, CA			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
8/1/03 2/1/04	2nd California Dist	rict: Wally Herger	•	same
15. ESTIMATED FUNDING:	<u> </u>		16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
		00	ORDER 12372 PI	ROCESS?
a. Federal	\$. VEG THIS DDE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	00		E TO THE STATE EXECUTIVE ORDER 12372
b. Approant	*	64,000	I	FOR REVIEW ON:
c. State	\$.00	DATE	07/01/03
d. Local	S	00	DATE	
Loca From Re	and Commercia	ter	b. No. PROGR	AM IS NOT COVERED BY E. O. 12372
e. Other Assistance Co	\$ position with	<i>(</i>)		GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income USDA,	scomunity	.00	FOR RE	
fearlite.	10an guar	antec	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	203,055	Yes If "Yes,"	attach an explanation.
				TION ARE TRUE AND CORRECT, THE
			IE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF		ARDED.		c. Telephone Number
a. Type Name of Authorized Rep Holly Wunder Stiles, Rura	resentative al Community Assitanc		FIWE	-(916) 447-9832 ×/01
d. Signature of Authorized Repre		117		e Date Signed
Previous Edition Usable			Z ¹ .	Standard Form 424 (Rev. 7-97)
Authorized for Local Reproductio	n		2 / / /	Prescribed by OMB Circular A-102
		STATE OF	EADING HOL	
		LOTATE UL	EARING HOUS	SE J

APPLICA	ATION FO	70	1 2	DATE SUBMI	TTEN				OMB ADD	orpval N	o. 9348-(
FEDERA	ALIONA E	JK Tanom	1	DA1E 30000	06/19/03		Applic	ant Identifer	U LS	<u>U 0</u>	
FEDERA	L ASSIS	IANCE					1	141			
	Presp,	olleation Instruction	3.	DATE RECEN	PD BY STATE		State	Application ld	entifier	2 200	3
☐ Non-Consti	*	n-Construction	A.	DATE RECEIV	ED BY FEDERAL AG	ENCY	Federa	l Identiñer			HALK
5. APPLICANT				·				STAT	ECLEA	rRING	HUU
Legal Name:		IN	****		Organizationa		-				
City of Mend					Administr	ration C	ity Ma	nager			
Address (give city, City of Mend 643 Quince Si Mendota, CA	ota treet 93640				Name and tele this application Shahid (Si City Man (559) 655-3	id) Hami ager	er of the ode)	person to b	e confracted (on matters	involving
EMPLOYER IDENT	TIFICATION NUM	IBER (EIN):			7. TYPE OF A	PPLICANT: /	enter ap	propriate le	tier in hay)	Т-	
5. TYPE OF APPLI	New propriate letter(s)	Continuation F	3 6	9	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicip G. Special Dist	oal J	H. Inter I. State J. Priva K. Indiar L. Individ M. Profit	dependent : Controlled te Universit : Tribe	School Distric Institution of y	at Higher Les	
D Decrease Dur		ease Award C In	crease Duratio	in '							
	•				9. NAME OF FE	EDERAL AGE	NCY				
					US Dept of	Transport	ation,	Federal	Aviation ,	Adminis	stration
10. CATALOG OF FEDE	ERAL DOMESTIC										
ASSISTANCE NUMBER TITLE: Airport Impl Program (All 12. AREAS AFFECT City of Mendots	rovement P) ED BY PROJEC	2 0	1 0	6	11. DESCRIPT. City of Men Project, Pha runway from portions of t	dota Airpo ise I. Com n 50' to 60	ort In ponen '; rehs	provem ts will in bilitate	ent and R	idenino	
13. PROPOSED PRO) IRCT	14 0000000000									
	Ending Date	14. CONGRESSION a. Applicant	AL DISTRICTS	S OF		b. Project					
9/01/03 or	06/04	20th				20th					
SOONER 15. ESTIMATED FUN	DINE		T								
a. Federal	\$	223,400	a. YES,	IHISP	UBJECT TO REVI REAPPLICATION, EXECUTIVE ORD	/APPLICATIO	N WAS I	MADE AVA	HADLETOT	OCESS HE	
b. Applicant	\$	22,340 ·		. 0////2	EXECUTIVE OND	EU 153/5 LH	OUESS	FOR REVIE	W ON		
. State	\$			DATE:	June 18, 2003	7/2	103	CPG	•		
i. Local	\$	*	b. NO	☐ PI	ROGRAM IS NOT	COVERED BY	E. O. 1:	2372			
. Other	\$	A			R PROGRAM HAS				ד דַרַבָּ מַבּיעוני	E1A/	
Program income	\$	*	17. IS THE		DELINQUENT ON				L I ON REVIE		
. TOTAL	\$	245,740			ittech an explanat				No		
NARDED		E AND BELIEF, ALL DA DOY OF THE APPLICA	ATA IN THIS A	DOL /OATION			HE DOC	UMENT HA		Y SISTANC	E IS
Typed Name of Autho hahid (Sid) Ham	d	City Ms	nager		<u>'</u>				Telephone no 59) 655-32		
Signature of Authorize	ed Representativ	e 4.	A1	40011					Date Signed	4/1	
		the -		ell				6/	17/03		
svious Editione Not Ua	8DI&	-		,,	,			CA.			لبييب

APPLICATION FOR				OMB Approval No. 0348-004	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
		June 25			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	Y STATE	State Application Identifier	
Application	Preapplication		(
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
Frazier Park Public L	Jtility District		Special Distric	ot	
Address (give city, county, State,	and zip code):		•	number of person to be contacted on matters involving	
4020 Park Drive			this application (give a	^{rea code)} President, (661) 245-3734	
Frazier Park, CA 932	25		Jooy Claright,	1 100100111, (001) 2 10 0701	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
95 6004	0 7 0			G	
8. TYPE OF APPLICATION:	and Proposed accounts of the contract of the c		A. State B. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning	
	□•	□ Baulataa	C. Municipal	J. Private University	
∠ New	Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
1		D	F. Intermunicipal	M. Profit Organization	
	rease Award C. Increase specify):	Duration	G. Special District	N. Other (Specify)	
D. Decrease Baration Strictle	, po 6,177.		9. NAME OF FEDERA	L AGENCY:	
		***************************************	USDA/Rural Dev	elopment	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
10-763	ſ	1 0 - 7 6 0	Frazior Park Wat	er System Improvements	
EMERGENCY COMM. WA	TER ASST. GRANTS			deteriorated water storage tanks, leaking	
	ste Disposal Loan & G			lines, with new looped water lines, new	
12. AREAS AFFECTED BY PRO		ies, eic.):	storage tanks, we	ell(s), Transmission line & related	
Frazier Park PUD, Kern C	ounty, California		facilities		
13. PROPOSED PROJECT Multi-Phase	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date	a. Applicant 22	- THOMAS	b. Project	22 -THOMAS	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
		00	ORDER 12372 PR	OCESS?	
a. Federal	\$,	A VEG THIS BEA	PPLICATION/APPLICATION WAS MADE	
b. Applicant	<u>5,0</u>	83,100	1	TO THE STATE EXECUTIVE ORDER 12372	
	·			FOR REVIEW ON:	
c. State	\$.00	7777	NE 25 2002	
	<u></u>	00	DATE JUI	NE 25, 2003	
d. Local	\$	•	b. No. П PROGRA	M IS NOT COVERED BY E. O. 12372	
e. Other	\$	00		RAM HAS NOT BEEN SELECTED BY STATE	
			FOR REVI	EW	
f. Program Income	\$. 00	47 IC THE APPLICAN	T DELINQUENT ON ANY EDEDAL DEDT2	
g. TOTAL	\$	00		T DELINQUENT ON ANY FEDERAL DEBT?	
9. 10 7/12		3,100	Yes If "Yes," a	ttach an explanation.	
	•			ON ARE TRUE AND CORRECT, THE	
				E APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Repre			6 E V E	c Telephone Number	
Joy Oldright)		President, Frazier F	Park PUD	c Telephone Number (661) 245-3734	
d. Signature of Authorized Repres	/		2 2003	e Date Signed JUNE 25, 2003	
Previous Edition Usable	range	 UU ⊍	UL 2 2005 1	Standard Form 424 (Rev. 7-97)	
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		CTATE	CLEARING HO		
		SIAIE	ULEANING HU	UUL	

APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier
FEDERAL ASSISTAN	CE	6/24/03	3	0941746464
1.TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier
	application	4. DATE RECEIVED BY FEDER	AL ACENCY	V Endomi Identifier
Construction Non-Construction	Construction Non-Construction	(aloue federal by Federal	RAL AGENCY	04-057-0941746464
5. APPLICANT INFORMA		1 2710	<u> </u>	104-031-01:1:10:31
Legal Name:	2 umil	HUS I TO	Organization	nai Unit:
Address (give city, county, state,	and zip code):			elephone number of person to be contacted on matters involving
Po Bo	x 409		1 ~	tion (give area code) Mora um Utia Dr.
Carrie	AD	SELIZ NUMA	E30	
6. EMPLOYER IDENTIFICATION (15617-0409	7 TYPE OF	3 7 5 8 0 4 7 0 0 vot 10 14 APPLICANT: (enter appropriate letter in box)
		1 / 11	7.1172 07	NET LICANT. (einer appropriate letter in box)
<u> 9 4 </u> - <u> </u>	141614	1 6 4	A. State B. County	H. Independent School Dist.
8. TYPE OF APPLICATION:			C . Municip D. Towns	ipal J. Private University
Ne	w 💢 Con	tinuation Revision	E. Interst	
			G. Special	
If Revision, enter appropriate lette	er(s) in			, 0
A. increase Award B.	Decrease Award	c. Increase Duration		
D. Decrease Duration Of	her (specify):			
			9. NAME OF	F FEDERAL AGENCY:
			LISC	JA- Dund Core Comm
10. CATALOG OF FEDERAL DON	MESTIC ASSISTANC	E NUMBER:	11. DESCRIF	IPTIVE TITLE OF APPLICANT'S PROJECT:
NOFA			100	man nation of Dandens
		0.766	601	inflation of lay care
TITLE: Whal	Colleg	trant	dte	welent Union Bldg
12. AREAS AFFECTED BY PROJ	IECT (Cities, Countil)	s, States, etc.)		I RECEIVED
Tribal Con	lege in	n Yolo Co		
13. PROPOSED PROJEC		RESSIONAL DISTRICTS (DF: U	Cally Herast JUL 0 : 2003
Start Date Ending Date	a. Applicant	N. C.	b. Pro	
				STATE CLEARING HOUSE S APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIONS
15.	ESTIMATED FU	JNDING	16. IS 0	S APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIONS ORDER 12372 PROCESS?
a. Federal	\$ 193	2.313	a	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
				AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Applicant	\$	2,104		12372 PROCESS FOR REVIEW ON.
c. State	\$,		DATE 6130103
				DATE 6190103
d. Local	\$		۱ ,	b. NO PROGRAM IS NOT COVERED BY E.O. 12372
				OR PROGRAM HAS NOT BEEN SELECTED BY
e. Other	\$			STATE FOR REVIEW
f. Program Income	\$		47 16	S THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
				YES (Attach explanation)
g. Total	\$ 260	4.417	0.00 -	TES (Attach explanation)
18 TO THE BEST OF M	Y KNOWI EDGI	F AND BELIFF, ALL DAT	A IN THIS	S APPLICATION/PREAPPLICATION ARE TRUE AND
CORRECT, THE DOCUM	1ENT HAS BEE	N DULY AUTHORIZED	BY THE G	GOVERNING BODY OF THE APPLICANT AND THE
			4	ASSISTANCE IS AWARDED.
a.Type Name of Authorized Repr	esentative	b. The	Ideas #	L. Ac Tine (C. Telephone Number (C. 20) 758-0470
d. Signature of Authorized Repres	ontative	110)		e. Date Signed
1 bull	Bulle			6/24/03
Previous Edition Usable AUTHORIZED FOR LOCAL REPRO	DUCTION			STANDARD FORM 424 (REV. 4-92) Prescribed by OMB Circular A-102

APPLICATION FOR				OME	B Approval No. 0348-004
FEDERAL AGGIG I ANCE		2. DATE SUBMITTED		Applicant Identifier	
		6/23/0	······································		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED E	BY STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY FEDERAL AGENC		Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION					
Legal Name: CASTELANELLI	BROS. DAIRY		Organizational Unit:	ARTHERSHIP	
Address (give city, county, State,	and zip code):			number of person to be cont	acted on matters involvin
401 W. ARMS			this application (give a		
LODI, UA 95%	La Cap Lines		(209) 747-	-	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate lette	· [
94-1190	1154		A. State	H. Independent School Dis	. <u>M</u>
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution	
⊠ New	Continuation	Revision	C. Municipal	J. Private University	
		1	D. Township E. Interstate	K. Indian Tribe L. Individual	
If Revision, enter appropriate letter	er(s) in box(es)		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	A ACENOV	3
			UNITED STA	TEO DEPARTMENT	OF AGRICULTURE
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER: NA	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PRO	DJECT:
and the second s			ANAEROBIC	DIGESTION DE P	MET HANUELE
TITLE: FEFT CIENCE	LE ENERGY SYSTE GRANT PROGRA	HIS & ENERGY	FOR POWER	GENERATIONS	ECHWEN
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ites, etc.):	BROS. DAIR		THE WEST
LODI, JAN JOAG	UIN CALIFORNIA	2 .			JUL 0 1 2003
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS			——————————————————————————————————————	
10,711010000				ISIATE	CLEARING HOUSE
Start Date Ending Date 8/50/2003 2/50/2004	a. Applicant CALIFORNIA 11TH	the first water and a region	b. Project	11TH miles	HOUSE
15. ESTIMATED FUNDING:	LAHFORNIA 11	1212114	CALIFORNIA 16 IS APPLICATION	SUBJECT TO REVIEW BY	(
15, ESTIMATED FUNDING.			ORDER 12372 PF		OTATE EXECUTIVE
a. Federal	\$	00			
		<u>580</u>	- \	APPLICATION/APPLICATIO	
b. Applicant	\$ 1606	530		E TO THE STATE EXECUTI FOR REVIEW ON:	VE ORDER 12372
c. State	\$	00			
	333		DATE	123/03	
d. Local	\$.00	h No E BBOCB	M IS NOT COVERED BY	. 0 10070
e, Other	\$	00		AM IS NOT COVERED BY E GRAM HAS NOT BEEN SEL	
	*		FOR REV		
f. Program Income	\$.00			
- TOTAL	¢.	00	17. IS THE APPLICAL	NT DELINQUENT ON ANY	FEDERAL DEBT?
g. TOTAL	\$ 66	6320	Yes If "Yes,"	attach an explanation.	⊠ No
18. TO THE BEST OF MY KNOW					•
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			HE APPLICANT AND TI	HE APPLICANT WILL COM	PLY WITH THE
a. Type Name of Authorized Rep	resentative .	b. Title		c. Telephone Number	
LARRY L CASTELL	onects	our		209 347-7	フネソ
d. Signature of Authorized Repre	ent live			e. Date Signed 6-17-03	

RAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
		6-12-07	<u> </u>		
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identific	ər
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	CEDEDAL ACENCY	Federal Identifier	
	Non-Construction	4. DATE RECEIVED BT	FEDERAL AGENCI	rederar identifier	
Non-Construction Non-Construction 5. APPLICANT INFORMATION					
Legal Name:	Organizational Unit:				
Legan Valle.	+ Donel on				
Hanada Community Development Corporation Address (give city, county, State, and zip code):			Name and telephone number of person to be contacted on matters involving		
9167 Stanford Ave			this application (give area code)		
Po Bax 1045			0 10 () 70		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			David Corser (209) 382-2321 7. TYPE OF APPLICANT: (enter appropriate letter in box)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):					
77-0376819			N N N N N N N N N N N N N N N N N N N		
			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning		
8. TYPE OF APPLICATION:			B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University		
New Continuation Revision			D. Township K. Indian Tribe		
If Bovinian, anter appropriate letter(s) in hov(es)			E. Interstate L. Individual		
If Revision, enter appropriate letter(s) in box(es)			F Intermunicipal M. Profit Organization		
A. Increase Award B. Decrease Award C. Increase Duration			G. Special District	N. Other (Specify) Non	1-Profit Org.
D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY:		
			U.S.D.A. Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
10-766			Planada Learning Center Events Materials RECEIVE		
TITLE:			Frents	Mada	PERENT
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			Liekis	riaterial	, WENEINE
Planada, CA				Equipmen	t un a i and
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF: ,	///	\	JOE O I COU
10.11.01.0022.11.0020.	18+	h District	(Cardo	2a)	
Start Date / Ending Date	a. Applicant 🐔	18th	b. Project		STATE CLEARING H
7/1/03 6/30/04	flanada	18.	10		A COLUMN TO THE PARTY OF THE PA
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
00			ORDER 12372 PROCESS?		
a) Federal	\$' 15		- VEO TUE DOEA	PPLICATION/APPLICAT	TON WAS MADE
	15,000	00	<u></u>	TO THE STATE EXECU	i i
b. Applicant	\$	•		FOR REVIEW ON:	71172 0118211 72012
c. State	\$	00	1		
ic, state	Ψ	•	DATE _6	/12/03	
d. Local	\$.00	1	,	
d. 2553.				M IS NOT COVERED BY	
e Other	\$.00		GRAM HAS NOT BEEN S	ELECTED BY STATE
<u> </u>	5,000		FOR REV	/IEW	
f. Program Income	\$.00			
		00	17. IS THE APPLICA	NT DELINQUENT ON AN	
g. TOTAL \$ 20,000			Yes If "Yes," attach an explanation.		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE					
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE					
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
T.U.				c. Telephone Number	1271
Chrida C. C.	rser	Trograms	Director	407-382-	4341
d. Signature of Authorized Repre	esentative	V		209-382-3 e. Date Signed	

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ATION FOR

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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative | b. Title | c. Telephone Number

Carol J. Ornelas
.. Signature of Authorized Representative

Chief Executive Officer

14,308,332

c. Telephone Number (209) 466-6811 e. Date Signed

Yes If "Yes," attach an explanation.

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a, TOTAL

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No.